

APPENDIX A: INFORMATION FOR ANNUAL ADJUSTMENTS OF THE WEEKLY COMPENSATION RATE

The following tables contain information necessary to make cost of living adjustments. These tables contain the state average weekly wage (SAWW), maximum benefit amount (MAX), and the multiplier to be used to calculate cost of living adjustments. The tables are written for all years. It is necessary to know the employee's date of injury to select the appropriate table.

INJURIES PRIOR TO 1-1-72

Injuries prior to 1-1-72 do not receive adjustments.

The maximum benefit level for these injuries is equal to 2/3 of the SAWW in effect at the time of the injury.

		SAWW	MAX	DATES OF INJURY
As of	Nov. 30, 1951	36.00	24.00	Nov. 30, 1951 – Nov. 29, 1953
	Nov. 30, 1953	40.50	27.00	Nov. 30, 1953 – Nov. 29, 1955
	Nov. 30, 1955	45.00	30.00	Nov. 30, 1955 – Nov. 29, 1957
	Nov. 30, 1957	52.50	35.00	Nov. 30, 1957 – Nov. 29, 1959
	Nov. 30, 1959	58.50	39.00	Nov. 30, 1959 – Nov. 29, 1963
	Nov. 30, 1963	63.00	42.00	Nov. 30, 1963 – Nov. 29, 1965
	*Nov. 30, 1965	86.67	57.78	Nov. 30, 1965 – May 31, 1966
	June 1, 1966	89.71	59.81	June 1, 1966 – May 31, 1967
	June 1, 1967	93.21	62.14	June 1, 1967 – May 31, 1968
	June 1, 1968	97.75	65.17	June 1, 1968 – May 31, 1969
	June 1, 1969	103.56	69.04	June 1, 1969 – May 31, 1970
	June 1, 1971	117.00	78.00	June 1, 1971 – June 30, 1972

*November 30, 1965 marks the beginning of the Statewide Average Weekly Wage (SAWW) as computed by the Employment Security Commission.

INJURIES FROM 1-1-72 THROUGH 11-30-74

All injuries from 1-1-72 through 11-30-74 receive annual adjustments (using the multiplier) on July 1st.

The maximum benefit level for these injuries is equal to 2/3 of the SAWW, as adjusted annually. The minimum benefit payable for total incapacity is \$18.

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	Jan. 1, 1972	117.00	78.00		Jan 1, 1972 – June 30, 1972
	July 1, 1972	121.71	81.14	1.04026	July 1, 1972 – June 30, 1973
	July 1, 1973	124.50	83.00	1.02292	July 1, 1973 – June 30, 1974
	July 1, 1974	131.29	87.53	1.05454	July 1, 1974 – June 30, 1975
	July 1, 1975	141.41	94.27	1.07708	July 1, 1975 – June 30, 1976
	July 1, 1976	151.84	101.23	1.07376	July 1, 1976 – June 30, 1977
	July 1, 1977	165.70	110.47	1.09128	July 1, 1977 – June 30, 1978
	July 1, 1978	173.79	115.86	1.04882	July 1, 1978 – June 30, 1979
	July 1, 1979	183.74	122.49	1.05725	July 1, 1979 – June 30, 1980
	July 1, 1980	199.30	132.87	1.08468	July 1, 1980 – June 30, 1981
	July 1, 1981	220.35	146.90	1.10562	July 1, 1981 – June 30, 1982
	July 1, 1982	237.89	158.59	1.07960	July 1, 1982 – June 30, 1983
	July 1, 1983	255.86	170.57	1.07554	July 1, 1983 – June 30, 1984
	July 1, 1984	268.75	179.17	1.05038	July 1, 1984 – June 30, 1985
	July 1, 1985	282.43	188.29	1.05090	July 1, 1985 – June 30, 1986
	July 1, 1986	293.33	195.55	1.03859	July 1, 1986 – June 30, 1987
	July 1, 1987	310.87	207.25	1.05980	July 1, 1987 – June 30, 1988
	July 1, 1988	329.32	219.55	1.05935	July 1, 1988 – June 30, 1989
	July 1, 1989	346.90	231.27	1.05338	July 1, 1989 – June 30, 1990
	July 1, 1990	362.67	241.78	1.04546	July 1, 1990 – June 30, 1991
	July 1, 1991	381.15	254.10	1.05096	July 1, 1991 – June 30, 1992
	July 1, 1992	394.08	262.72	1.03392	July 1, 1992 – June 30, 1993
	July 1, 1993	411.03	274.02	1.04301	July 1, 1993 – June 30, 1994
	July 1, 1994	416.02	277.35	1.01212	July 1, 1994 – June 30, 1995
	July 1, 1995	422.60	281.73	1.01582	July 1, 1995 – June 30, 1996
	July 1, 1996	436.73	291.15	1.03344	July 1, 1996 – June 30, 1997
	July 1, 1997	450.98	300.65	1.03263	July 1, 1997 – June 30, 1998
	July 1, 1998	471.27	314.18	1.04499	July 1, 1998 – June 30, 1999
	July 1, 1999	490.11	326.74	1.03998	July 1, 1999 – June 30, 2000
	July 1, 2000	509.81	339.87	1.04019	July 1, 2000 – June 30, 2001
	July 1, 2001	524.18	349.45	1.02819	July 1, 2001 – June 30, 2002
	July 1, 2002	545.94	363.96	1.04151	July 1, 2002 – June 30, 2003
	July 1, 2003	562.69	375.13	1.03068	July 1, 2003 – June 30, 2004
	July 1, 2004	581.33	387.56	1.03313	July 1, 2004 – June 30, 2005

INJURIES FROM 1-1-72 THROUGH 11-30-74 (continued)

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	July 1, 2005	602.67	401.78	1.03671	July 1, 2005 – June 30, 2006
	July 1, 2006	617.05	411.37	1.02386	July 1, 2006 – June 30, 2007
	July 1, 2007	637.87	425.25	1.03374	July 1, 2007 – June 30, 2008
	July 1, 2008	662.69	441.79	1.03891	July 1, 2008 – June 30, 2009
	July 1, 2009	685.27	456.85	1.03407	July 1, 2009 – June 30, 2010
	July 1, 2010	691.33	460.88	1.00884	July 1, 2010 – June 30, 2011
	July 1, 2011	704.59	469.73	1.01918	July 1, 2011 – June 30, 2012

INJURIES FROM 12-1-74 THROUGH 9-30-75

All injuries from 12-1-74 through 9-30-75 receive annual adjustments (using the multiplier) on July 1st.

The maximum benefit level for these injuries is equal to 100% of the SAWW, as adjusted annually.

The minimum benefit payable for total incapacity is \$18.

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	Dec. 1, 1974	131.29	131.29	1.05454	Dec 1, 1974 – June 30, 1975
	July 1, 1975	141.41	141.41	1.07708	July 1, 1975 – June 30, 1976
	July 1, 1976	151.84	151.84	1.07376	July 1, 1976 – June 30, 1977
	July 1, 1977	165.70	165.70	1.09128	July 1, 1977 – June 30, 1978
	July 1, 1978	173.79	173.79	1.04882	July 1, 1978 – June 30, 1979
	July 1, 1979	183.74	183.74	1.05725	July 1, 1979 – June 30, 1980
	July 1, 1980	199.30	199.30	1.08468	July 1, 1980 – June 30, 1981
	July 1, 1981	220.35	220.35	1.10562	July 1, 1981 – June 30, 1982
	July 1, 1982	237.89	237.89	1.07960	July 1, 1982 – June 30, 1983
	July 1, 1983	255.86	255.86	1.07554	July 1, 1983 – June 30, 1984
	July 1, 1984	268.75	268.75	1.05038	July 1, 1984 – June 30, 1985
	July 1, 1985	282.43	282.43	1.05090	July 1, 1985 – June 30, 1986
	July 1, 1986	293.33	293.33	1.03859	July 1, 1986 – June 30, 1987
	July 1, 1987	310.87	310.87	1.05980	July 1, 1987 – June 30, 1988
	July 1, 1988	329.32	329.32	1.05935	July 1, 1988 – June 30, 1989
	July 1, 1989	346.90	346.90	1.05338	July 1, 1989 – June 30, 1990
	July 1, 1990	362.67	362.67	1.04546	July 1, 1990 – June 30, 1991
	July 1, 1991	381.15	381.15	1.05096	July 1, 1991 – June 30, 1992
	July 1, 1992	394.08	394.08	1.03392	July 1, 1992 – June 30, 1993
	July 1, 1993	411.03	411.03	1.04301	July 1, 1993 – June 30, 1994
	July 1, 1994	416.02	416.02	1.01212	July 1, 1994 – June 30, 1995
	July 1, 1995	422.60	422.60	1.01582	July 1, 1995 – June 30, 1996
	July 1, 1996	436.73	436.73	1.03344	July 1, 1996 – June 30, 1997
	July 1, 1997	450.98	450.98	1.03263	July 1, 1997 – June 30, 1998
	July 1, 1998	471.27	471.27	1.04499	July 1, 1998 – June 30, 1999
	July 1, 1999	490.11	490.11	1.03998	July 1, 1999 – June 30, 2000
	July 1, 2000	509.81	509.81	1.04019	July 1, 2000 – June 30, 2001
	July 1, 2001	524.18	524.18	1.02819	July 1, 2001 – June 30, 2002
	July 1, 2002	545.94	545.94	1.04151	July 1, 2002 – June 30, 2003
	July 1, 2003	562.69	562.69	1.03068	July 1, 2003 – June 30, 2004
	July 1, 2004	581.33	581.33	1.03313	July 1, 2004 – June 30, 2005
	July 1, 2005	602.67	602.67	1.03671	July 1, 2005 – June 30, 2006
	July 1, 2006	617.05	617.05	1.02386	July 1, 2006 – June 30, 2007

INJURIES FROM 12-1-74 THROUGH 9-30-75 (continued)

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	July 1, 2007	637.87	637.87	1.03374	July 1, 2007 – June 30, 2008
	July 1, 2008	662.69	662.69	1.03891	July 1, 2008 – June 30, 2009
	July 1, 2009	685.27	685.27	1.03407	July 1, 2009 – June 30, 2010
	July 1, 2010	691.33	691.33	1.00884	July 1, 2010 – June 30, 2011
	July 1, 2011	704.59	704.59	1.01918	July 1, 2011 – June 30, 2012

INJURIES FROM 10-1-75 THROUGH 6-21-81

All injuries from 10-1-75 through 6-21-81 receive annual adjustments (using the multiplier) on July 1st.

The maximum benefit level for these injuries starts at 100% of the SAWW (as adjusted annually) on 10-1-75; changes to 133 1/3% on July 1, 1977; changes to 166 2/3% on July 1, 1979; and changes to 200% on July 1, 1981 (1977 Act, §54).

The minimum benefit payable for total incapacity is \$25.

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	Oct. 1, 1975	141.41	141.41	1.07708	Oct 1, 1975 – June 30, 1976
	July 1, 1976	151.84	151.84	1.07376	July 1, 1976 – June 30, 1977
	July 1, 1977	165.70	220.93	1.09128	July 1, 1977 – June 30, 1978
	July 1, 1978	173.79	231.72	1.04882	July 1, 1978 – June 30, 1979
	July 1, 1979	183.74	306.23	1.05725	July 1, 1979 – June 30, 1980
	July 1, 1980	199.30	332.16	1.08468	July 1, 1980 – June 30, 1981
	July 1, 1981	220.35	440.70	1.10562	July 1, 1981 – June 30, 1982
	July 1, 1982	237.89	475.78	1.07960	July 1, 1982 – June 30, 1983
	July 1, 1983	255.86	511.72	1.07554	July 1, 1983 – June 30, 1984
	July 1, 1984	268.75	537.50	1.05038	July 1, 1984 – June 30, 1985
	July 1, 1985	282.43	564.86	1.05090	July 1, 1985 – June 30, 1986
	July 1, 1986	293.33	586.66	1.03859	July 1, 1986 – June 30, 1987
	July 1, 1987	310.87	621.74	1.05980	July 1, 1987 – June 30, 1988
	July 1, 1988	329.32	658.64	1.05935	July 1, 1988 – June 30, 1989
	July 1, 1989	346.90	693.80	1.05338	July 1, 1989 – June 30, 1990
	July 1, 1990	362.67	725.34	1.04546	July 1, 1990 – June 30, 1991
	July 1, 1991	381.15	762.30	1.05096	July 1, 1991 – June 30, 1992
	July 1, 1992	394.08	788.16	1.03392	July 1, 1992 – June 30, 1993
	July 1, 1993	411.03	822.06	1.04301	July 1, 1993 – June 30, 1994
	July 1, 1994	416.02	832.04	1.01212	July 1, 1994 – June 30, 1995
	July 1, 1995	422.60	845.20	1.01582	July 1, 1995 – June 30, 1996
	July 1, 1996	436.73	873.46	1.03344	July 1, 1996 – June 30, 1997
	July 1, 1997	450.98	901.96	1.03263	July 1, 1997 – June 30, 1998
	July 1, 1998	471.27	942.54	1.04499	July 1, 1998 – June 30, 1999
	July 1, 1999	490.11	980.22	1.03998	July 1, 1999 – June 30, 2000
	July 1, 2000	509.81	1019.62	1.04019	July 1, 2000 – June 30, 2001
	July 1, 2001	524.18	1048.36	1.02819	July 1, 2001 – June 30, 2002
	July 1, 2002	545.94	1091.88	1.04151	July 1, 2002 – June 30, 2003
	July 1, 2003	562.69	1125.38	1.03068	July 1, 2003 – June 30, 2004
	July 1, 2004	581.33	1162.66	1.03313	July 1, 2004 – June 30, 2005
	July 1, 2005	602.67	1205.34	1.03671	July 1, 2005 – June 30, 2006
	July 1, 2006	617.05	1234.10	1.02386	July 1, 2006 – June 30, 2007

INJURIES FROM 10-1-75 THROUGH 6-21-81 (continued)

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	July 1, 2007	637.87	1275.74	1.03374	July 1, 2007 – June 30, 2008
	July 1, 2008	662.69	1325.38	1.03891	July 1, 2008 – June 30, 2009
	July 1, 2009	685.27	1370.54	1.03407	July 1, 2009 – June 30, 2010
	July 1, 2010	691.33	1382.66	1.00884	July 1, 2010 – June 30, 2011
	July 1, 2011	704.59	1409.18	1.01918	July 1, 2011 – June 30, 2012

INJURIES FROM 6-22-81 THROUGH 6-30-83

All injuries from 6-22-81 through 6-30-83 receive annual adjustments (using the multiplier) on July 1st.

The maximum benefit level for these injuries is equal to 166 2/3% of the SAWW, as adjusted annually.

The minimum benefit payable for total incapacity is \$25.

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	June 22, 1981	199.30	332.16	1.08468	June 22, 1981 – June 30, 1981
	July 1, 1981	220.35	367.25	1.10562	July 1, 1981 – June 30, 1982
	July 1, 1982	237.89	396.48	1.07960	July 1, 1982 – June 30, 1983
	July 1, 1983	255.86	426.43	1.07554	July 1, 1983 – June 30, 1984
	July 1, 1984	268.75	447.92	1.05038	July 1, 1984 – June 30, 1985
	July 1, 1985	282.43	470.71	1.05090	July 1, 1985 – June 30, 1986
	July 1, 1986	293.33	488.88	1.03859	July 1, 1986 – June 30, 1987
	July 1, 1987	310.87	518.11	1.05980	July 1, 1987 – June 30, 1988
	July 1, 1988	329.32	548.86	1.05935	July 1, 1988 – June 30, 1989
	July 1, 1989	346.90	578.16	1.05338	July 1, 1989 – June 30, 1990
	July 1, 1990	362.67	604.45	1.04546	July 1, 1990 – June 30, 1991
	July 1, 1991	381.15	635.25	1.05096	July 1, 1991 – June 30, 1992
	July 1, 1992	394.08	656.80	1.03392	July 1, 1992 – June 30, 1993
	July 1, 1993	411.03	685.05	1.04301	July 1, 1993 – June 30, 1994
	July 1, 1994	416.02	693.36	1.01212	July 1, 1994 – June 30, 1995
	July 1, 1995	422.60	704.33	1.01582	July 1, 1995 – June 30, 1996
	July 1, 1996	436.73	727.88	1.03344	July 1, 1996 – June 30, 1997
	July 1, 1997	450.98	751.63	1.03263	July 1, 1997 – June 30, 1998
	July 1, 1998	471.27	785.45	1.04499	July 1, 1998 – June 30, 1999
	July 1, 1999	490.11	816.85	1.03998	July 1, 1999 – June 30, 2000
	July 1, 2000	509.81	849.70	1.04019	July 1, 2000 – June 30, 2001
	July 1, 2001	524.18	873.63	1.02819	July 1, 2001 – June 30, 2002
	July 1, 2002	545.94	909.90	1.04151	July 1, 2002 – June 30, 2003
	July 1, 2003	562.69	937.82	1.03068	July 1, 2003 – June 30, 2004
	July 1, 2004	581.33	968.89	1.03313	July 1, 2004 – June 30, 2005
	July 1, 2005	602.67	1004.45	1.03671	July 1, 2005 – June 30, 2006
	July 1, 2006	617.05	1028.42	1.02386	July 1, 2006 – June 30, 2007
	July 1, 2007	637.87	1063.12	1.03374	July 1, 2007 – June 30, 2008
	July 1, 2008	662.69	1104.48	1.03891	July 1, 2008 – June 30, 2009
	July 1, 2009	685.27	1142.12	1.03407	July 1, 2009 – June 30, 2010
	July 1, 2010	691.33	1152.22	1.00884	July 1, 2010 – June 30, 2011
	July 1, 2011	704.59	1174.32	1.01918	July 1, 2011 – June 30, 2012

INJURIES FROM 7-1-83 THROUGH 6-29-85

All injuries from 7-1-83 through 6-29-85 receive annual adjustments (using the multiplier) on the anniversary date of the injury, with the exception of those employees who are at maximum at the time of their injury. Employees at maximum at the time of their injury will receive adjustments annually on July 1st, using the multiplier.

The maximum benefit level for these injuries is equal to 166 2/3% of the SAWW, as adjusted annually.

The minimum benefit payable for total incapacity is \$25.

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	July 1, 1983	255.86	426.43	1.07554	July 1, 1983 – June 30, 1984
	July 1, 1984	268.75	447.92	1.05038	July 1, 1984 – June 30, 1985
	July 1, 1985	282.43	470.71	1.05090	July 1, 1985 – June 30, 1986
	July 1, 1986	293.33	488.88	1.03859	July 1, 1986 – June 30, 1987
	July 1, 1987	310.87	518.11	1.05980	July 1, 1987 – June 30, 1988
	July 1, 1988	329.32	548.86	1.05935	July 1, 1988 – June 30, 1989
	July 1, 1989	346.90	578.16	1.05338	July 1, 1989 – June 30, 1990
	July 1, 1990	362.67	604.45	1.04546	July 1, 1990 – June 30, 1991
	July 1, 1991	381.15	635.25	1.05096	July 1, 1991 – June 30, 1992
	July 1, 1992	394.08	656.80	1.03392	July 1, 1992 – June 30, 1993
	July 1, 1993	411.03	685.05	1.04301	July 1, 1993 – June 30, 1994
	July 1, 1994	416.02	693.36	1.01212	July 1, 1994 – June 30, 1995
	July 1, 1995	422.60	704.33	1.01582	July 1, 1995 – June 30, 1996
	July 1, 1996	436.73	727.88	1.03344	July 1, 1996 – June 30, 1997
	July 1, 1997	450.98	751.63	1.03263	July 1, 1997 – June 30, 1998
	July 1, 1998	471.27	785.45	1.04499	July 1, 1998 – June 30, 1999
	July 1, 1999	490.11	816.85	1.03998	July 1, 1999 – June 30, 2000
	July 1, 2000	509.81	849.70	1.04019	July 1, 2000 – June 30, 2001
	July 1, 2001	524.18	873.63	1.02819	July 1, 2001 – June 30, 2002
	July 1, 2002	545.94	909.90	1.04151	July 1, 2002 – June 30, 2003
	July 1, 2003	562.69	937.82	1.03068	July 1, 2003 – June 30, 2004
	July 1, 2004	581.33	968.89	1.03313	July 1, 2004 – June 30, 2005
	July 1, 2005	602.67	1004.45	1.03671	July 1, 2005 – June 30, 2006
	July 1, 2006	617.05	1028.42	1.02386	July 1, 2006 – June 30, 2007
	July 1, 2007	637.87	1063.12	1.03374	July 1, 2007 – June 30, 2008
	July 1, 2008	662.69	1104.48	1.03891	July 1, 2008 – June 30, 2009
	July 1, 2009	685.27	1142.12	1.03407	July 1, 2009 – June 30, 2010
	July 1, 2010	691.33	1152.22	1.00884	July 1, 2010 – June 30, 2011
	July 1, 2011	704.59	1174.32	1.01918	July 1, 2011 – June 30, 2012

INJURIES FROM 6-30-85 THROUGH 11-19-87

All injuries* from 6-30-85 through 11-19-87 receive annual adjustments (based on the multiplier, capped at 5%) on the anniversary date of the injury, with the exception of those employees who are at maximum at the time of their injury. Employees at maximum at the time of their injury will receive adjustments annually on July 1st.

New maximums are effective August 1st, beginning in 1988. If an employee is at maximum at the time of the injury, his/her comp rate (2/3 AWW, as adjusted) is adjusted on July 1st, but is subject to the Maximum Benefit Level.

The minimum benefit payable for total incapacity is \$25.

Examples:

- Employee not at max at time of injury receives COLA on anniversary date.
- Employee at max at time of injury receives COLA on July 1 and max changes on August 1.

**Death benefits to survivors for injuries between 6-30-85 and 11-19-87 are not subject to the 5% cap on annual adjustments.*

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	July 1, 1985	282.43	447.92	1.05 (capped)	July 1, 1985 – June 30, 1986
	July 1, 1986	293.33	447.92	1.03859	July 1, 1986 – June 30, 1987
	July 1, 1987	310.87	447.92	1.05 (capped)	July 1, 1987 – June 30, 1988
	July 1, 1988	329.32		1.05 (capped)	July 1, 1988 – June 30, 1989
	August 1, 1988		474.50		Aug. 1, 1988 – July 31, 1989
	July 1, 1989	346.90		1.05 (capped)	July 1, 1989 – June 30, 1990
	August 1, 1989		499.83		Aug. 1, 1989 – July 31, 1990
	July 1, 1990	362.67		1.04546	July 1, 1990 – June 30, 1991
	August 1, 1990		522.55		Aug. 1, 1990 – July 31, 1991
	July 1, 1991	381.15		1.05 (capped)	July 1, 1991 – June 30, 1992
	August 1, 1991		549.18		Aug. 1, 1991 – July 31, 1991
	July 1, 1992	394.08		1.03392	July 1, 1992 – June 30, 1993
	August 1, 1992		567.81		Aug. 1, 1992 – July 31, 1993
	July 1, 1993	411.03		1.04301	July 1, 1993 – June 30, 1994
	August 1, 1993		592.23		Aug. 1, 1993 – July 31, 1993
	July 1, 1994	416.02		1.01212	July 1, 1994 – June 30, 1995
	August 1, 1994		599.41		Aug. 1, 1994 – July 31, 1995

INJURIES FROM 6-30-85 THROUGH 11-19-87 (continued)

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	July 1, 1995	422.60		1.01582	July 1, 1995 – June 30, 1996
	August 1, 1995		608.89		Aug. 1, 1995 – July 31, 1996
	July 1, 1996	436.73		1.03344	July 1, 1996 – June 30, 1997
	August 1, 1996		629.25		Aug. 1, 1996 – July 31, 1997
	July 1, 1997	450.98		1.03263	July 1, 1997 – June 30, 1998
	August 1, 1997		649.78		Aug. 1, 1997 – July 31, 1998
	July 1, 1998	471.27		1.04499	July 1, 1998 – June 30, 1999
	August 1, 1998		679.01		Aug. 1, 1998 – July 31, 1999
	July 1, 1999	490.11		1.03998	July 1, 1999 – June 30, 2000
	August 1, 1999		706.16		Aug. 1, 1999 – July 31, 2000
	July 1, 2000	509.81		1.04019	July 1, 2000 – June 30, 2001
	August 1, 2000		734.54		Aug. 1, 2000 – July 31, 2001
	July 1, 2001	524.18		1.02819	July 1, 2001 – June 30, 2002
	August 1, 2001		755.25		Aug. 1, 2001 – July 31, 2002
	July 1, 2002	545.94		1.04151	July 1, 2002 – June 30, 2003
	August 1, 2002		786.60		Aug. 1, 2002 – July 31, 2003
	July 1, 2003	562.69		1.03068	July 1, 2003 – June 30, 2004
	August 1, 2003		810.73		August 1, 2003 – July 31, 2004
	July 1, 2004	581.33		1.03313	July 1, 2004 – June 30, 2005
	August 1, 2004		837.59		August 1, 2004 – July 31, 2005
	July 1, 2005	602.67		1.03671	July 1, 2005 – June 30, 2006
	August 1, 2005		868.34		August 1, 2005 – July 31, 2006

INJURIES FROM 6-30-85 THROUGH 11-19-87 (continued)

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	July 1, 2006	617.05		1.02386	July 1, 2006 – June 30, 2007
	August 1, 2006		889.06		August 1, 2006 – July 31, 2007
As of	July 1, 2007	637.87		1.03374	July 1, 2007 – June 30, 2008
	August 1, 2007		919.06		August 1, 2007 – July 31, 2008
As of	July 1, 2008	662.69		1.03891	July 1, 2008 – June 30, 2009
	August 1, 2008		954.82		August 1, 2008 – July 31, 2009
As of	July 1, 2009	685.27		1.03407	July 1, 2009 – June 30, 2010
	August 1, 2009		987.35		August 1, 2009 – July 31, 2010
As of	July 1, 2010	691.33		1.00884	July 1, 2010 – June 30, 2011
	August 1, 2010		996.08		August 1, 2010 – July 31, 2011
As of	July 1, 2011	704.59		1.01918	July 1, 2011 – June 30, 2012
	August 1, 2011		1015.18		August 1, 2011 – July 31, 2012

INJURIES FROM 11-20-87 THROUGH 12-31-92

All injuries* from 11-20-87 through 12-31-92, with the exception of those employees who are at maximum at the time of their injury, receive annual adjustments (capped at 5%) beginning on their third anniversary, while they are entitled to total benefits in accordance with §54-B (1987 Act). Those who are entitled to maximum at the time of their injury are not subject to the three year wait and will always have an anniversary date of July 1st.

The maximum for all injuries between 11-20-87 and 6-30-89 is frozen at \$447.92 until 7-1-89. The minimum benefit payable for total incapacity is \$25.

There is no provision in the Act for cost of living adjustments while an employee receives partial benefits in accordance with §55-B (1987 Act).

**Death benefits to survivors for injuries between 11-20-87 and 12-31-92 are not subject to the 5% cap or the three-year wait for annual adjustments.*

		SAWW	MAX	MULTIPLIER	EFFECTIVE DATES
As of	Nov. 20, 1987	310.87	447.92	1.05 (capped)	Nov. 20, 1987 – June 30, 1988
	July 1, 1988	329.32	447.92	1.05 (capped)	July 1, 1988 – June 30, 1989
	July 1, 1989	346.90	471.83	1.05 (capped)	July 1, 1989 – June 30, 1990
	July 1, 1990	362.67	493.28	1.04546	July 1, 1990 – June 30, 1991
	July 1, 1991	381.15	518.42	1.05 (capped)	July 1, 1991 – June 30, 1992
	July 1, 1992	394.08	536.00	1.03392	July 1, 1992 – June 30, 1993
	July 1, 1993	411.03	559.05	1.04301	July 1, 1993 – June 30, 1994
	July 1, 1994	416.02	565.83	1.01212	July 1, 1994 – June 30, 1995
	July 1, 1995	422.60	574.78	1.01582	July 1, 1995 – June 30, 1996
	July 1, 1996	436.73	594.00	1.03344	July 1, 1996 – June 30, 1997
	July 1, 1997	450.98	613.38	1.03263	July 1, 1997 – June 30, 1998
	July 1, 1998	471.27	640.98	1.04499	July 1, 1998 – June 30, 1999
	July 1, 1999	490.11	666.61	1.03998	July 1, 1999 – June 30, 2000
	July 1, 2000	509.81	693.40	1.04019	July 1, 2000 – June 30, 2001
	July 1, 2001	524.18	712.95	1.02819	July 1, 2001 – June 30, 2002
	July 1, 2002	545.94	742.54	1.04151	July 1, 2002 – June 30, 2003
	July 1, 2003	562.69	765.32	1.03068	July 1, 2003 – June 30, 2004
	July 1, 2004	581.33	790.67	1.03313	July 1, 2004 – June 30, 2005
	July 1, 2005	602.67	819.69	1.03671	July 1, 2005 – June 30, 2006
	July 1, 2006	617.05	839.25	1.02386	July 1, 2006 – June 30, 2007
	July 1, 2007	637.87	867.57	1.03374	July 1, 2007 – June 30, 2008
	July 1, 2008	662.69	901.33	1.03891	July 1, 2008 – June 30, 2009
	July 1, 2009	685.27	932.04	1.03407	July 1, 2009 – June 30, 2010
	July 1, 2010	691.33	940.28	1.00884	July 1, 2010 – June 30, 2011
	July 1, 2011	704.59	958.31	1.01918	July 1, 2011 – June 30, 2012

INJURIES ON OR AFTER 1-1-93

Effective January 1, 1993 the maximum weekly benefit payable under §212, §213 and §214 is \$441.00 or 90% of the SAWW whichever is higher. Beginning on July 1, 1994 the maximum benefit level is the higher of \$441.00 or 90% of the SAWW as adjusted annually utilizing the SAWW as determined by the Bureau of Employment Security.

There is no provision in the Act for cost of living adjustments for injuries beginning on 1-1-93. There is no minimum payment amount.

		SAWW	MAX	EFFECTIVE DATES
As of	July 1, 1998	471.27	441.00	July 1, 1998 – June 30, 1999
	July 1, 1999	490.11	441.10	July 1, 1999 – June 30, 2000
	July 1, 2000	509.81	458.83	July 1, 2000 – June 30, 2001
	July 1, 2001	524.18	471.76	July 1, 2001 – June 30, 2002
	July 1, 2002	545.94	491.35	July 1, 2002 – June 30, 2003
	July 1, 2003	562.69	506.42	July 1, 2003 – June 30, 2004
	July 1, 2004	581.33	523.20	July 1, 2004 – June 30, 2005
	July 1, 2005	602.67	542.40	July 1, 2005 – June 30, 2006
	July 1, 2006	617.05	555.34	July 1, 2006 – June 30, 2007
	July 1, 2007	637.87	574.08	July 1, 2007 – June 30, 2008
	July 1, 2008	662.69	596.42	July 1, 2008 – June 30, 2009
	July 1, 2009	685.27	616.74	July 1, 2009 – June 30, 2010
	July 1, 2010	691.33	622.20	July 1, 2010 – June 30, 2011
	July 1, 2011	704.59	634.13	July 1, 2011 – June 30, 2012

APPENDIX B: CALCULATION OF BENEFITS¹

INJURIES ON OR AFTER 1-1-93

The following method of calculating total incapacity benefits is acceptable for the purpose of Board audits:

Total Incapacity (Section 212)

Payments for a fraction of a week shall be figured in sevenths (1/7). This calculation includes Saturday and Sunday.

Example: Assume Hearing Officer orders employee to be paid for 16 days.

Weekly Compensation Rate x $2 \frac{2}{7}$
= Weekly Compensation Rate x $\frac{16}{7}$ = Amount Due

Partial Incapacity (Section 213)

Partial benefits are calculated at a rate of 80% of the difference between the employee's after-tax average weekly wage before the injury and the after-tax average weekly wage after the injury.

To calculate partial benefits:

- (1) Determine the 80% rate for the employee's pre-injury average weekly wage using the Weekly Benefit Table in effect at the time of the employee's injury.
- (2) Determine the 80% rate for the employee's post-injury gross weekly wages using the benefit table used in step 1 above.
- (3) Subtract the post-injury rate from the pre-injury rate. The difference between the post-injury rate and the pre-injury rate is the partial benefit amount due.

Example: Assume January 1996 date of injury, pre-injury average weekly wage of \$400, and filing status of married/joint with two dependents. Employee returns to work part-time, earning \$200 per week.

Wage	Rate (see Weekly Benefit Table in effect at the time of the employee's injury)
\$400	\$277.50
\$200	<u>\$147.76</u>
	\$129.74 Partial Benefit Amount Due (80% net difference)

¹ If fringe benefits are involved, they will be included pursuant to Section 102(4)(H).

APPENDIX C: COST OF LIVING ADJUSTMENTS FOR CLAIMS FROM 1/1/72 THROUGH 6/29/85

Here is a quick and efficient way to calculate cost of living adjustments for injuries occurring from 1-1-72 through 6-29-85:

1. Employee's original AWW $\times \frac{2}{3}$ = Rate.
2. Rate \div SAWW at time of injury \times SAWW at time of incapacity = adjusted rate.

EXAMPLE:

Injury date: 4-22-79 (SAWW = \$173.79)

AWW = \$300.00/Rate = \$200.00

Period of incapacity: 8-1-89 through 9-1-89 (SAWW = \$346.90)

$(\$200.00 \div \$173.79 \times \$346.90 = \$399.22)$

\$399.22 is the adjusted rate for 8-1-89 to 9-1-89.

For injuries from 7-1-83 through 6-29-85, use the following formula:

1. Employee's original AWW $\times \frac{2}{3}$ = Rate.
2. Rate \div SAWW at time of injury \times SAWW at time of anniversary just prior to incapacity = adjusted rate.

EXAMPLE:

Injury date: 4-22-84 (SAWW = \$255.86)

AWW = \$300.00/Rate = \$200.00

Period of incapacity: 8-1-95 through 9-1-95 (SAWW = \$416.02)

$(\$200.00 \div \$255.86 \times \$416.02 = \$325.19)$

\$325.19 is the adjusted rate for 8-1-95 to 9-1-95.

APPENDIX D: PERMANENT IMPAIRMENT

Permanent Impairment (PI) benefits existed as early as 1916 (the date of the oldest law book that we have) and, after several versions for determining benefits, was finally eliminated by the Workers' Compensation Act of 1992 (effective 1-1-93).

On and between 9-23-71 and 6-29-85 the formula for calculating PI benefits was as follows:

Employee's (EE's) AWW times $\frac{2}{3}$ (subject to the "MAX" at the time of injury), times the number of weeks assigned to the body part (see §56 and §56-A), times the percent of PI to the body part, equals the PI benefit. These benefits were paid in addition to any weekly compensation paid under §54 and §55.

On and between 6-30-85 and 11-19-87 the formula for calculating PI benefits was as follows:

SAWW (at time of injury) times $\frac{2}{3}$, times the number of weeks assigned to the body part (see §56 and §56-A), times the percent of PI to the body part, equals the PI benefit. These benefits were paid in addition to any weekly compensation paid under §54-A and §55-A.

On and between 11-20-87 and 12-31-92 PI benefits were awarded based on the percent of "whole-body impairment" rather than the percent of impairment to each body part. These benefits were calculated as follows:

SAWW (at time of injury) times $\frac{2}{3}$, times the number of weeks assigned to the PI percent (see §56-B and the annual PI charts which were published by the former Workers' Compensation Commission) equals the PI benefit.

On and between 11-20-87 and 10-16-91 these benefits continued to be paid in addition to any other weekly compensation paid under §54-B and §55-B.

On and between 10-17-91 and 12-31-92 these benefits were reduced by any weekly compensation paid under §54-B and §55-B.

The one and only exception to the above information is Occupational Hearing Loss (§612.4, formerly §193.4).

Up to and including 12-31-92, Occupational Hearing Loss (OHL) benefits were calculated as follows:

EE's AWW times $\frac{2}{3}$ (subject to "MAX" at time of injury), times the assigned number of weeks (50 weeks for one ear/200 weeks for both ears), times the percent of impairment, equals the OHL benefit.

Effective 1-1-93, Occupational Hearing Loss (OHL) benefits are calculated as follows:

EE's net AWW times 80% (subject to "MAX" at time of injury), times the assigned number of weeks (50 weeks for one ear/200 weeks for both ears), times the percent of impairment, equals the OHL benefit.

NUMBER OF WEEKS ASSIGNED TO SPECIFIC BODY PARTS
(Injuries up to and including 11-19-87)

thumb	50 weeks	“The loss of the distal (2 nd) phalanx of the thumb or the distal (3 rd) phalanx of any finger shall be considered to be equal to the loss of ½ of said thumb or finger, and the compensation therefor shall be ½ the amount specified. The loss of more than one phalanx shall be considered as the loss of the entire thumb or finger. In no case shall the amount received for the loss of a thumb and more than one finger of the same hand exceed the amount specified in this schedule for the loss of a hand.”
1 st finger	32 weeks	
2 nd finger	28 weeks	
3 rd finger	20 weeks	
4 th finger	17 weeks	
big toe	25 weeks	“For the loss of the distal (2 nd) phalanx of the great toe or of the distal (3 rd) phalanx of any other toe shall be considered to be equal to the loss of ½ of said great toe or any other toe, and the compensation therefor shall be ½ the amount specified. The loss of more than one phalanx shall be considered as the loss of the entire toe.”
toe	10 weeks	
hand	165 weeks	
arm	200 weeks	(any part of the arm above the wrist)
foot	165 weeks	
leg	200 weeks	(any part of the leg above the ankle)
one eye	100 weeks	
both eyes	300 weeks	
one ear	50 weeks	
both ears	200 weeks	
neck	100 weeks	
back	200 weeks	
jaw	40 weeks	
genito-urinary organs	100 weeks	
facial disfigurement	50 weeks	

For additional information, see §§56 and 56-A of the former Workers' Compensation Act.

Permanent Impairment Schedule Under Section 56-B
State Average Weekly Wage = \$310.87

Percent Impairment	Total Award	Percent Impairment	Total Award
1	\$207.25	51	\$26,216.70
2	\$414.49	52	\$27,149.31
3	\$621.74	53	\$28,081.92
4	\$828.99	54	\$29,014.53
5	\$1,036.23	55	\$29,947.14
6	\$1,243.48	56	\$30,879.75
7	\$1,450.73	57	\$31,812.36
8	\$1,657.97	58	\$32,744.97
9	\$1,865.22	59	\$33,677.58
10	\$2,072.47	60	\$34,610.19
11	\$2,279.71	61	\$35,542.80
12	\$2,486.96	62	\$36,475.41
13	\$2,694.21	63	\$37,408.02
14	\$2,901.45	64	\$38,340.63
		65	\$39,273.24
15	\$3,523.19	66	\$40,205.85
16	\$4,144.93	67	\$41,138.46
17	\$4,766.67	68	\$42,071.07
18	\$5,388.41	69	\$43,003.68
19	\$6,010.15	70	\$43,936.29
20	\$6,631.89	71	\$44,868.90
21	\$7,253.63	72	\$45,801.51
22	\$7,875.37	73	\$46,734.12
23	\$8,497.11	74	\$47,666.73
24	\$9,118.85	75	\$48,599.34
25	\$9,740.59	76	\$49,531.95
26	\$10,362.33	77	\$50,464.56
27	\$10,984.07	78	\$51,397.17
28	\$11,605.81	79	\$52,329.78
29	\$12,227.55	80	\$53,262.39
30	\$12,849.29	81	\$54,195.00
31	\$13,471.03	82	\$55,127.61
32	\$14,092.77	83	\$56,060.22
33	\$14,714.51	84	\$56,992.83
34	\$15,336.25	85	\$57,925.44
35	\$15,957.99		
36	\$16,579.73	86	\$59,583.42
37	\$17,201.47	87	\$61,241.39
38	\$17,823.21	88	\$62,899.36
39	\$18,444.95	89	\$64,557.34
40	\$19,066.69	90	\$66,215.31
41	\$19,688.43	91	\$67,873.28
42	\$20,310.17	92	\$69,531.26
43	\$20,931.91	93	\$71,189.23
44	\$21,553.65	94	\$72,847.20
45	\$22,175.39	95	\$74,505.18
46	\$22,797.13	96	\$76,163.15
47	\$23,418.87	97	\$77,821.12
48	\$24,040.61	98	\$79,479.10
49	\$24,662.35	99	\$81,137.07
50	\$25,284.09	100	\$82,795.04

This schedule applies to injuries that occurred on and between 11-20-87 and 6-30-88.

PERMANENT IMPAIRMENT PAYMENT SCHEDULE

State Average Weekly Wage = \$329.32

Effective: 07/01/88

%	# WEEKS	TOTAL WEEKS	TOTAL AWARD	%	# WEEKS	TOTAL WEEKS	TOTAL AWARD
1	1.0	1.0	\$219.55	51	4.5	126.5	\$27,772.65
2	1.0	2.0	\$439.09	52	4.5	131.0	\$28,760.61
3	1.0	3.0	\$658.64	53	4.5	135.5	\$29,748.57
4	1.0	4.0	\$878.19	54	4.5	140.0	\$30,736.53
5	1.0	5.0	\$1,097.73	55	4.5	144.5	\$31,724.49
6	1.0	6.0	\$1,317.28	56	4.5	149.0	\$32,712.45
7	1.0	7.0	\$1,536.83	57	4.5	153.5	\$33,700.41
8	1.0	8.0	\$1,756.37	58	4.5	158.0	\$34,688.37
9	1.0	9.0	\$1,975.92	59	4.5	162.5	\$35,676.33
10	1.0	10.0	\$2,195.47	60	4.5	167.0	\$36,664.29
11	1.0	11.0	\$2,415.01	61	4.5	171.5	\$37,652.25
12	1.0	12.0	\$2,634.56	62	4.5	176.0	\$38,640.21
13	1.0	13.0	\$2,854.11	63	4.5	180.5	\$39,628.17
14	1.0	14.0	\$3,073.65	64	4.5	185.0	\$40,616.13
15	3.0	17.0	\$3,732.29	65	4.5	189.5	\$41,604.09
16	3.0	20.0	\$4,390.93	66	4.5	194.0	\$42,592.05
17	3.0	23.0	\$5,049.57	67	4.5	198.5	\$43,580.01
18	3.0	26.0	\$5,706.21	68	4.5	203.0	\$44,567.97
19	3.0	29.0	\$6,366.85	69	4.5	207.5	\$45,555.93
20	3.0	32.0	\$7,025.49	70	4.5	212.0	\$46,543.89
21	3.0	35.0	\$7,684.13	71	4.5	216.5	\$47,531.85
22	3.0	38.0	\$8,342.77	72	4.5	221.0	\$48,519.81
23	3.0	41.0	\$9,001.41	73	4.5	225.5	\$49,507.77
24	3.0	44.0	\$9,660.05	74	4.5	230.0	\$50,495.73
25	3.0	47.0	\$10,318.69	75	4.5	234.5	\$51,483.69
26	3.0	50.0	\$10,977.33	76	4.5	239.0	\$52,471.65
27	3.0	53.0	\$11,635.97	77	4.5	243.5	\$53,459.61
28	3.0	56.0	\$12,294.61	78	4.5	248.0	\$54,447.57
29	3.0	59.0	\$12,953.25	79	4.5	252.5	\$55,435.53
30	3.0	62.0	\$13,611.89	80	4.5	257.0	\$56,423.49
31	3.0	65.0	\$14,270.53	81	4.5	261.5	\$57,411.45
32	3.0	68.0	\$14,929.17	82	4.5	266.0	\$58,399.41
33	3.0	71.0	\$15,587.81	83	4.5	270.5	\$59,387.37
34	3.0	74.0	\$16,246.45	84	4.5	275.0	\$60,375.33
35	3.0	77.0	\$16,905.09	85	4.5	279.5	\$61,363.29
36	3.0	80.0	\$17,563.73	86	8.0	287.5	\$63,119.67
37	3.0	83.0	\$18,222.37	87	8.0	295.5	\$64,876.04
38	3.0	86.0	\$18,881.01	88	8.0	303.5	\$66,632.41
39	3.0	89.0	\$19,539.65	89	8.0	311.5	\$68,388.79
40	3.0	92.0	\$20,198.29	90	8.0	319.5	\$70,145.16
41	3.0	95.0	\$20,856.93	91	8.0	327.5	\$71,901.53
42	3.0	98.0	\$21,515.57	92	8.0	335.5	\$73,657.91
43	3.0	101.0	\$22,174.21	93	8.0	343.5	\$75,414.28
44	3.0	104.0	\$22,832.85	94	8.0	351.5	\$77,170.65
45	3.0	107.0	\$23,491.49	95	8.0	359.5	\$78,927.03
46	3.0	110.0	\$24,150.13	96	8.0	367.5	\$80,683.40
47	3.0	113.0	\$24,808.77	97	8.0	375.5	\$82,439.77
48	3.0	116.0	\$25,467.41	98	8.0	383.5	\$84,196.15
49	3.0	119.0	\$26,126.05	99	8.0	391.5	\$85,952.52
50	3.0	122.0	\$26,784.69	100	8.0	399.5	\$87,708.89

This schedule applies to injuries that occurred on and between 7-1-88 and 6-30-89.

Permanent Impairment Schedule Under §56-B
Effective 07/01/89 – State Average Weekly Wage = \$346.90

% PI	# WEEKS	TOTAL WEEKS	TOTAL AWARD	% PI	# WEEKS	TOTAL WEEKS	TOTAL AWARD
1	1.0	1.0	\$231.27	51	4.5	126.5	\$29,255.23
2	1.0	2.0	\$462.53	52	4.5	131.0	\$30,295.93
3	1.0	3.0	\$693.80	53	4.5	135.5	\$31,336.63
4	1.0	4.0	\$925.07	54	4.5	140.0	\$32,377.33
5	1.0	5.0	\$1,156.33	55	4.5	144.5	\$33,418.03
6	1.0	6.0	\$1,387.60	56	4.5	149.0	\$34,458.73
7	1.0	7.0	\$1,618.87	57	4.5	153.5	\$35,499.43
8	1.0	8.0	\$1,850.13	58	4.5	158.0	\$36,540.13
9	1.0	9.0	\$2,081.40	59	4.5	162.5	\$37,580.83
10	1.0	10.0	\$2,312.67	60	4.5	167.0	\$38,621.53
11	1.0	11.0	\$2,543.93	61	4.5	171.5	\$39,662.23
12	1.0	12.0	\$2,775.20	62	4.5	176.0	\$40,702.93
13	1.0	13.0	\$3,006.47	63	4.5	180.5	\$41,743.63
14	1.0	14.0	\$3,237.73	64	4.5	185.0	\$42,784.33
15	3.0	17.0	\$3,931.53	65	4.5	189.5	\$43,825.03
16	3.0	20.0	\$4,625.33	66	4.5	194.0	\$44,865.73
17	3.0	23.0	\$5,319.13	67	4.5	198.5	\$45,906.43
18	3.0	26.0	\$6,012.93	68	4.5	203.0	\$46,947.13
19	3.0	29.0	\$6,706.73	69	4.5	207.5	\$47,987.83
20	3.0	32.0	\$7,400.53	70	4.5	212.0	\$49,028.53
21	3.0	35.0	\$8,094.33	71	4.5	216.5	\$50,069.23
22	3.0	38.0	\$8,788.13	72	4.5	221.0	\$51,109.93
23	3.0	41.0	\$9,481.93	73	4.5	225.5	\$52,150.63
24	3.0	44.0	\$10,175.73	74	4.5	230.0	\$53,191.33
25	3.0	47.0	\$10,869.53	75	4.5	234.5	\$54,232.03
26	3.0	50.0	\$11,563.33	76	4.5	239.0	\$55,272.73
27	3.0	53.0	\$12,257.13	77	4.5	243.5	\$56,313.43
28	3.0	56.0	\$12,950.93	78	4.5	248.0	\$57,354.13
29	3.0	59.0	\$13,644.73	79	4.5	252.5	\$58,394.83
30	3.0	62.0	\$14,338.53	80	4.5	257.0	\$59,435.53
31	3.0	65.0	\$15,032.33	81	4.5	261.5	\$60,476.23
32	3.0	68.0	\$15,726.13	82	4.5	266.0	\$61,516.93
33	3.0	71.0	\$16,419.93	83	4.5	270.5	\$62,557.63
34	3.0	74.0	\$17,113.73	84	4.5	275.0	\$63,598.33
35	3.0	77.0	\$17,807.53	85	4.5	279.5	\$64,639.03
36	3.0	80.0	\$18,501.33	86	8.0	287.5	\$66,489.17
37	3.0	83.0	\$19,195.13	87	8.0	295.5	\$68,339.30
38	3.0	86.0	\$19,888.93	88	8.0	303.5	\$70,189.43
39	3.0	89.0	\$20,582.73	89	8.0	311.5	\$72,039.57
40	3.0	92.0	\$21,276.53	90	8.0	319.5	\$73,889.70
41	3.0	95.0	\$21,970.33	91	8.0	327.5	\$75,739.83
42	3.0	98.0	\$22,664.13	92	8.0	335.5	\$77,589.97
43	3.0	101.0	\$23,357.93	93	8.0	343.5	\$79,440.10
44	3.0	104.0	\$24,051.73	94	8.0	351.5	\$81,290.23
45	3.0	107.0	\$24,745.53	95	8.0	359.5	\$83,140.37
46	3.0	110.0	\$25,439.33	96	8.0	367.5	\$84,990.50
47	3.0	113.0	\$26,133.13	97	8.0	375.5	\$86,840.63
48	3.0	116.0	\$26,826.93	98	8.0	383.5	\$88,690.77
49	3.0	119.0	\$27,520.73	99	8.0	391.5	\$90,540.90
50	3.0	122.0	\$28,214.53	100	8.0	399.5	\$92,391.03

This schedule applies to injuries that occurred on and between 7-1-89 and 6-30-90.

Permanent Impairment Schedule Under §56-B
Effective July 1, 1990 – State Average Weekly Wage = \$362.67
Award is Calculated as Cumulative Weeks times 2/3 SAWW

% PI	# WEEKS	TOTAL WEEKS	TOTAL AWARD	% PI	# WEEKS	TOTAL WEEKS	TOTAL AWARD
1%	1.0	1.0	\$241.78	51%	4.5	126.5	\$30,585.17
2%	1.0	2.0	\$483.56	52%	4.5	131.0	\$31,673.18
3%	1.0	3.0	\$725.34	53%	4.5	135.5	\$32,761.19
4%	1.0	4.0	\$967.12	54%	4.5	140.0	\$33,849.20
5%	1.0	5.0	\$1,208.90	55%	4.5	144.5	\$34,937.21
6%	1.0	6.0	\$1,450.68	56%	4.5	149.0	\$36,025.22
7%	1.0	7.0	\$1,692.46	57%	4.5	153.5	\$37,113.23
8%	1.0	8.0	\$1,934.24	58%	4.5	158.0	\$38,201.24
9%	1.0	9.0	\$2,176.02	59%	4.5	162.5	\$39,289.25
10%	1.0	10.0	\$2,417.80	60%	4.5	167.0	\$40,377.26
11%	1.0	11.0	\$2,659.58	61%	4.5	171.5	\$41,465.27
12%	1.0	12.0	\$2,901.36	62%	4.5	176.0	\$42,553.28
13%	1.0	13.0	\$3,143.14	63%	4.5	180.5	\$43,641.29
14%	1.0	14.0	\$3,384.92	64%	4.5	185.0	\$44,729.30
15%	3.0	17.0	\$4,110.26	65%	4.5	189.5	\$45,817.31
16%	3.0	20.0	\$4,835.60	66%	4.5	194.0	\$46,905.32
17%	3.0	23.0	\$5,560.94	67%	4.5	198.5	\$47,993.33
18%	3.0	26.0	\$6,286.28	68%	4.5	203.0	\$49,081.34
19%	3.0	29.0	\$7,011.62	69%	4.5	207.5	\$50,169.35
20%	3.0	32.0	\$7,736.96	70%	4.5	212.0	\$51,257.36
21%	3.0	35.0	\$8,462.30	71%	4.5	216.5	\$52,345.37
22%	3.0	38.0	\$9,187.64	72%	4.5	221.0	\$53,433.38
23%	3.0	41.0	\$9,912.98	73%	4.5	225.5	\$54,521.39
24%	3.0	44.0	\$10,638.32	74%	4.5	230.0	\$55,609.40
25%	3.0	47.0	\$11,363.66	75%	4.5	234.5	\$56,697.41
26%	3.0	50.0	\$12,089.00	76%	4.5	239.0	\$57,785.42
27%	3.0	53.0	\$12,814.34	77%	4.5	243.5	\$58,873.43
28%	3.0	56.0	\$13,539.68	78%	4.5	248.0	\$59,961.44
29%	3.0	59.0	\$14,265.02	79%	4.5	252.5	\$61,049.45
30%	3.0	62.0	\$14,990.36	80%	4.5	257.0	\$62,137.46
31%	3.0	65.0	\$15,715.70	81%	4.5	261.5	\$63,225.47
32%	3.0	68.0	\$16,441.04	82%	4.5	266.0	\$64,313.48
33%	3.0	71.0	\$17,166.38	83%	4.5	270.5	\$65,401.49
34%	3.0	74.0	\$17,891.72	84%	4.5	275.0	\$66,489.50
35%	3.0	77.0	\$18,617.06	85%	4.5	279.5	\$67,577.51
36%	3.0	80.0	\$19,342.40	86%	8.0	287.5	\$69,511.75
37%	3.0	83.0	\$20,067.74	87%	8.0	295.5	\$71,445.99
38%	3.0	86.0	\$20,793.08	88%	8.0	303.5	\$73,380.23
39%	3.0	89.0	\$21,518.42	89%	8.0	311.5	\$75,314.47
40%	3.0	92.0	\$22,243.76	90%	8.0	319.5	\$77,248.71
41%	3.0	95.0	\$22,969.10	91%	8.0	327.5	\$79,182.95
42%	3.0	98.0	\$23,694.44	92%	8.0	335.5	\$81,117.19
43%	3.0	101.0	\$24,419.78	93%	8.0	343.5	\$83,051.43
44%	3.0	104.0	\$25,145.12	94%	8.0	351.5	\$84,985.67
45%	3.0	107.0	\$25,870.46	95%	8.0	359.5	\$86,919.91
46%	3.0	110.0	\$26,595.80	96%	8.0	367.5	\$88,854.15
47%	3.0	113.0	\$27,321.14	97%	8.0	375.5	\$90,788.39
48%	3.0	116.0	\$28,046.48	98%	8.0	383.5	\$92,722.63
49%	3.0	119.0	\$28,771.82	99%	8.0	391.5	\$94,656.87
50%	3.0	122.0	\$29,497.16	100%	8.0	399.5	\$96,591.11

This schedule applies to injuries that occurred on and between 7-1-90 and 6-30-91.

Permanent Impairment Schedule Under §56-B
Effective July 1, 1991 – State Average Weekly Wage = \$381.15
Award is Calculated as Total Weeks times 2/3 SAWW

% PI	# WEEKS	TOTAL WEEKS	TOTAL AWARD	% PI	# WEEKS	TOTAL WEEKS	TOTAL AWARD
1%	1.0	1.0	\$254.10	51%	4.5	126.5	\$32,143.65
2%	1.0	2.0	\$508.20	52%	4.5	131.0	\$33,287.10
3%	1.0	3.0	\$762.30	53%	4.5	135.5	\$34,430.55
4%	1.0	4.0	\$1,016.40	54%	4.5	140.0	\$35,574.00
5%	1.0	5.0	\$1,270.50	55%	4.5	144.5	\$36,717.45
6%	1.0	6.0	\$1,524.60	56%	4.5	149.0	\$37,860.90
7%	1.0	7.0	\$1,778.70	57%	4.5	153.5	\$39,004.35
8%	1.0	8.0	\$2,032.80	58%	4.5	158.0	\$40,147.80
9%	1.0	9.0	\$2,286.90	59%	4.5	162.5	\$41,291.25
10%	1.0	10.0	\$2,541.00	60%	4.5	167.0	\$42,434.70
11%	1.0	11.0	\$2,795.10	61%	4.5	171.5	\$43,578.15
12%	1.0	12.0	\$3,049.20	62%	4.5	176.0	\$44,721.60
13%	1.0	13.0	\$3,303.30	63%	4.5	180.5	\$45,865.05
14%	1.0	14.0	\$3,557.40	64%	4.5	185.0	\$47,008.50
15%	3.0	17.0	\$4,319.70	65%	4.5	189.5	\$48,151.95
16%	3.0	20.0	\$5,082.00	66%	4.5	194.0	\$49,295.40
17%	3.0	23.0	\$5,844.30	67%	4.5	198.5	\$50,438.85
18%	3.0	26.0	\$6,606.60	68%	4.5	203.0	\$51,582.30
19%	3.0	29.0	\$7,368.90	69%	4.5	207.5	\$52,725.75
20%	3.0	32.0	\$8,131.20	70%	4.5	212.0	\$53,869.20
21%	3.0	35.0	\$8,893.50	71%	4.5	216.5	\$55,012.65
22%	3.0	38.0	\$9,655.80	72%	4.5	221.0	\$56,156.10
23%	3.0	41.0	\$10,418.10	73%	4.5	225.5	\$57,299.55
24%	3.0	44.0	\$11,180.40	74%	4.5	230.0	\$58,443.00
25%	3.0	47.0	\$11,942.70	75%	4.5	234.5	\$59,586.45
26%	3.0	50.0	\$12,705.00	76%	4.5	239.0	\$60,729.90
27%	3.0	53.0	\$13,467.30	77%	4.5	243.5	\$61,873.35
28%	3.0	56.0	\$14,229.60	78%	4.5	248.0	\$63,016.80
29%	3.0	59.0	\$14,991.90	79%	4.5	252.5	\$64,160.25
30%	3.0	62.0	\$15,754.20	80%	4.5	257.0	\$65,303.70
31%	3.0	65.0	\$16,516.50	81%	4.5	261.5	\$66,447.15
32%	3.0	68.0	\$17,278.80	82%	4.5	266.0	\$67,590.60
33%	3.0	71.0	\$18,041.10	83%	4.5	270.5	\$68,734.05
34%	3.0	74.0	\$18,803.40	84%	4.5	275.0	\$69,877.50
35%	3.0	77.0	\$19,565.70	85%	4.5	279.5	\$71,020.95
36%	3.0	80.0	\$20,328.00	86%	8.0	287.5	\$73,053.75
37%	3.0	83.0	\$21,090.30	87%	8.0	295.5	\$75,086.55
38%	3.0	86.0	\$21,852.60	88%	8.0	303.5	\$77,119.35
39%	3.0	89.0	\$22,614.90	89%	8.0	311.5	\$79,152.15
40%	3.0	92.0	\$23,377.20	90%	8.0	319.5	\$81,184.95
41%	3.0	95.0	\$24,139.50	91%	8.0	327.5	\$83,217.75
42%	3.0	98.0	\$24,901.80	92%	8.0	335.5	\$85,250.55
43%	3.0	101.0	\$25,664.10	93%	8.0	343.5	\$87,283.35
44%	3.0	104.0	\$26,426.40	94%	8.0	351.5	\$89,316.15
45%	3.0	107.0	\$27,188.70	95%	8.0	359.5	\$91,348.95
46%	3.0	110.0	\$27,951.00	96%	8.0	367.5	\$93,381.75
47%	3.0	113.0	\$28,713.30	97%	8.0	375.5	\$95,414.55
48%	3.0	116.0	\$29,475.60	98%	8.0	383.5	\$97,447.35
49%	3.0	119.0	\$30,237.90	99%	8.0	391.5	\$99,480.15
50%	3.0	122.0	\$31,000.20	100%	8.0	399.5	\$101,512.95

This schedule applies to injuries that occurred on and between 7-1-91 and 6-30-92.

Permanent Impairment Schedule Under §56-B
Effective July 1, 1992 – State Average Weekly Wage = \$394.08
Award is Calculated as Total Weeks times 2/3 SAWW

% PI	# WEEKS	TOTAL WEEKS	TOTAL AWARD	% PI	# WEEKS	TOTAL WEEKS	TOTAL AWARD
1%	1.0	1.0	\$262.72	51%	4.5	126.5	\$33,234.08
2%	1.0	2.0	\$525.44	52%	4.5	131.0	\$34,416.32
3%	1.0	3.0	\$788.16	53%	4.5	135.5	\$35,598.56
4%	1.0	4.0	\$1,050.88	54%	4.5	140.0	\$36,780.80
5%	1.0	5.0	\$1,313.60	55%	4.5	144.5	\$37,963.04
6%	1.0	6.0	\$1,576.32	56%	4.5	149.0	\$39,145.28
7%	1.0	7.0	\$1,839.04	57%	4.5	153.5	\$40,327.52
8%	1.0	8.0	\$2,101.76	58%	4.5	158.0	\$41,509.76
9%	1.0	9.0	\$2,364.48	59%	4.5	162.5	\$42,692.00
10%	1.0	10.0	\$2,627.20	60%	4.5	167.0	\$43,874.24
11%	1.0	11.0	\$2,889.92	61%	4.5	171.5	\$45,056.48
12%	1.0	12.0	\$3,152.64	62%	4.5	176.0	\$46,238.72
13%	1.0	13.0	\$3,415.36	63%	4.5	180.5	\$47,420.96
14%	1.0	14.0	\$3,678.08	64%	4.5	185.0	\$48,603.20
15%	3.0	17.0	\$4,466.24	65%	4.5	189.5	\$49,785.44
16%	3.0	20.0	\$5,254.40	66%	4.5	194.0	\$50,967.68
17%	3.0	23.0	\$6,042.56	67%	4.5	198.5	\$52,149.92
18%	3.0	26.0	\$6,830.72	68%	4.5	203.0	\$53,332.16
19%	3.0	29.0	\$7,618.88	69%	4.5	207.5	\$54,514.40
20%	3.0	32.0	\$8,407.04	70%	4.5	212.0	\$55,696.64
21%	3.0	35.0	\$9,195.20	71%	4.5	216.5	\$56,878.88
22%	3.0	38.0	\$9,983.36	72%	4.5	221.0	\$58,061.12
23%	3.0	41.0	\$10,771.52	73%	4.5	225.5	\$59,243.36
24%	3.0	44.0	\$11,559.68	74%	4.5	230.0	\$60,425.60
25%	3.0	47.0	\$12,347.84	75%	4.5	234.5	\$61,607.84
26%	3.0	50.0	\$13,136.00	76%	4.5	239.0	\$62,790.08
27%	3.0	53.0	\$13,924.16	77%	4.5	243.5	\$63,972.32
28%	3.0	56.0	\$14,712.32	78%	4.5	248.0	\$65,154.56
29%	3.0	59.0	\$15,500.48	79%	4.5	252.5	\$66,336.80
30%	3.0	62.0	\$16,288.64	80%	4.5	257.0	\$67,519.04
31%	3.0	65.0	\$17,076.80	81%	4.5	261.5	\$68,701.28
32%	3.0	68.0	\$17,864.96	82%	4.5	266.0	\$69,883.52
33%	3.0	71.0	\$18,653.12	83%	4.5	270.5	\$71,065.76
34%	3.0	74.0	\$19,441.28	84%	4.5	275.0	\$72,248.00
35%	3.0	77.0	\$20,229.44	85%	4.5	279.5	\$73,430.24
36%	3.0	80.0	\$21,017.60	86%	8.0	287.5	\$75,532.00
37%	3.0	83.0	\$21,805.76	87%	8.0	295.5	\$77,633.76
38%	3.0	86.0	\$22,593.92	88%	8.0	303.5	\$79,735.52
39%	3.0	89.0	\$23,382.08	89%	8.0	311.5	\$81,837.28
40%	3.0	92.0	\$24,170.24	90%	8.0	319.5	\$83,939.04
41%	3.0	95.0	\$24,958.40	91%	8.0	327.5	\$86,040.80
42%	3.0	98.0	\$25,746.56	92%	8.0	335.5	\$88,142.56
43%	3.0	101.0	\$26,534.72	93%	8.0	343.5	\$90,244.32
44%	3.0	104.0	\$27,322.88	94%	8.0	351.5	\$92,346.08
45%	3.0	107.0	\$28,111.04	95%	8.0	359.5	\$94,447.84
46%	3.0	110.0	\$28,899.20	96%	8.0	367.5	\$96,549.60
47%	3.0	113.0	\$29,687.36	97%	8.0	375.5	\$98,651.36
48%	3.0	116.0	\$30,475.52	98%	8.0	383.5	\$100,753.12
49%	3.0	119.0	\$31,263.68	99%	8.0	391.5	\$102,854.88
50%	3.0	122.0	\$32,051.84	100%	8.0	399.5	\$104,956.64

This schedule applies to injuries that occurred on and between 7-1-92 and 12-31-92.

APPENDIX E

AWW CALCULATION

Average weekly wages must be calculated in accordance with Section 102(4), of the Maine Workers' Compensation Act of 1992. Furthermore, the applicability of subsections A, B, C and D must be considered in the order that those subsections appear.

The following pages provide examples of typical WCB-2, Wage Statements. Each example contains an "AWW calculation explanation" at the bottom of the page. These "AWW calculation explanations" are designed to offer general guidance for the application of Section 102(4). They are for illustrative purposes only, and do not represent official Board policy.

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Store</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Bess</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">5/10/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER.	19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

20								
WK	WEEK ENDING	GROSS EARNINGS	WK			WK		
1	5/22/04	400.00	19	9/25/04	350.00	37	1/29/05	225.00
2	5/29/04	425.00	20	10/2/04	250.00	38	2/5/05	225.00
3	6/5/04	425.00	21	10/9/04	325.00	39	2/12/05	350.00
4	6/12/04	425.00	22	10/16/04	200.00	40	2/19/05	275.00
5	6/19/04	450.00	23	10/23/04	250.00	41	2/26/05	275.00
6	6/26/04	425.00	24	10/30/04	300.00	42	3/5/05	250.00
7	7/3/04	500.00	25	11/6/04	250.00	43	3/12/05	225.00
8	7/10/04	475.00	26	11/13/04	300.00	44	3/19/05	325.00
9	7/17/04	450.00	27	11/20/04	325.00	45	3/26/05	350.00
10	7/24/04	450.00	28	11/27/04	500.00	46	4/2/05	400.00
11	7/31/04	450.00	29	12/4/04	450.00	47	4/9/05	400.00
12	8/7/04	490.00	30	12/11/04	425.00	48	4/16/05	350.00
13	8/14/04	Includes advance vacation pay 800.00	31	12/18/04	455.00	49	4/23/05	325.00
14	8/21/04	0.00	32	12/25/04	650.00	50	4/30/05	375.00
15	8/28/04	425.00	33	1/1/05	400.00	51	5/7/05	350.00
16	9/4/04	425.00	34	1/8/05	300.00	52	5/14/05	400.00
17	9/11/04	350.00	35	1/15/05	250.00	21. TOTAL EARNINGS \$ 19,020.00		
18	9/18/04	325.00	36	1/22/05	250.00	22. GROSS AVERAGE WEEKLY WAGE \$ 365.77		

AWW calculation explanation: This employee's weekly earnings generally varied, so §102(4)(A) cannot be used. Vacation pay for the week ending 8/21/04 appears to have been paid during the week ending 8/14/04 (see documentation above). Therefore, the Total Earnings should be divided by 52 weeks (§102(4)(B)).

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: Self-employed logger		8. EMPLOYEE LAST NAME:		9. FIRST NAME: Chuck	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: 5/11/05		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20.							
WK	WEEK ENDING	GROSS EARNINGS	WK			WK	
1	1/9/04	800.00	19	5/14/04	1350.00	37	9/17/04
2	1/16/04	825.00	20	5/21/04	950.00	38	9/24/04
3	1/23/04	725.00	21	5/28/04	1325.00	39	10/1/04
4	1/30/04	925.00	22	6/4/04	1200.00	40	10/8/04
5	2/6/04	950.00	23	6/11/04	1250.00	41	10/15/04
6	2/13/04	925.00	24	6/18/04	1300.00	42	10/22/04
7	2/20/04	1500.00	25	6/25/04	1250.00	43	10/29/04
8	2/27/04	1475.00	26	7/2/04	1300.00	44	11/5/04
9	3/5/04	0.00	27	7/9/04	1325.00	45	11/12/04
10	3/12/04	0.00	28	7/16/04	500.00	46	11/19/04
11	3/19/04	0.00	29	7/23/04	550.00	47	11/26/04
12	3/26/04	0.00	30	7/30/04	825.00	48	12/3/04
13	4/2/04	0.00	31	8/6/04	755.00	49	12/10/04
14	4/9/04	0.00	32	8/13/04	650.00	50	12/17/04
15	4/16/04	.00	33	8/20/04	400.00	51	12/24/04
16	4/23/04	0.00	34	8/27/04	700.00	52	12/31/04
17	4/30/04	0.00	35	9/3/04	1250.00	21. TOTAL EARNINGS \$ 43,750.00	
18	5/7/04	325.00	36	9/10/04	1250.00	22. GROSS AVERAGE WEEKLY WAGE \$ 841.35	

AWW calculation explanation: Logging is seasonal employment (§102(4)(C)). Therefore, all wages, earnings or salary for the prior calendar year must be divided by 52 weeks.

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Store</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Bob</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">5/12/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER.				YES <input type="checkbox"/> NO <input type="checkbox"/>		19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
20.											
WK	WEEK ENDING	GROSS EARNINGS	WK			WK					
1	5/22/04	200.00	19	9/25/04	150.00	37	1/29/05	325.00			
2	5/29/04	225.00	20	10/2/04	200.00	38	2/5/05	400.00			
3	6/5/04	400.00	21	10/9/04	425.00	39	2/15/05	225.00			
4	6/12/04	325.00	22	10/16/04	375.00	40	2/19/05	250.00			
5	6/19/04	275.00	23	10/23/04	175.00	41	2/26/05	330.00			
6	6/26/04	280.00	24	10/30/04	125.00	42	3/5/05	320.00			
7	7/3/04	400.00	25	11/6/04	155.00	43	3/12/05	275.00			
8	7/10/04	475.00	26	11/13/04	145.00	44	3/19/05	250.00			
9	7/17/04	425.00	27	11/20/04	275.00	45	3/26/05	200.00			
10	7/24/04	425.00	28	11/27/04	225.00	46	4/2/05	200.00			
11	7/31/04	340.00	29	12/4/04	250.00	47	4/9/05	450.00			
12	8/7/04	350.00	30	12/11/04	275.00	48	4/16/05	400.00			
13	8/14/04	230.00	31	12/18/04	300.00	49	4/23/05	325.00			
14	8/21/04	320.00	32	12/25/04	350.00	50	4/30/05	350.00			
15	8/28/04	425.00	33	1/1/05	160.00	51	5/7/05	180.00			
16	9/4/04	400.00	34	1/8/05	140.00	52	5/14/05	220.00			
17	9/11/04	350.00	35	1/15/05	130.00	21. TOTAL EARNINGS \$ 14,895.00					
18	9/18/04	375.00	36	1/22/05	120.00	22. GROSS AVERAGE WEEKLY WAGE \$ 287.75					

AWW calculation explanation: This employee's biweekly earnings generally varied, so §102(4)(A) cannot be used. The week ending 5/14/05 includes the date of injury and reduces the AWW, so it should be excluded. The remainder (\$14,675.00) should then be divided by 51 weeks (§102(4)(B)).

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Store</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">David</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">6/15/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER.				YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
20.															
WK	WEEK ENDING	GROSS EARNINGS	WK			WK									
1			19			37									
2			20			38									
3			21			39									
4			22			40									
5			23			41									
6			24			42									
7			25			43									
8			26			44									
9			27			45									
10			28			46									
11			29			47									
12			30			48									
13			31			49									
14			32			50			5/28/05		50.00				
15			33			51			6/4/05		400.00				
16			34			52			6/11/05		200.00				
17			35						6/18/05		150.00				
18			36												
						21. TOTAL EARNINGS \$ 800.00									
						22. GROSS AVERAGE WEEKLY WAGE \$ Unknown									

AWW calculation explanation: There are not enough weeks to apply §102(4)(A), and §102(4)(C) cannot be used because this is not seasonal employment. Section 102(4)(B) may not be reasonable or fair in this case, therefore, comparable employees' wages should be obtained and reviewed along with this employee's previous wages, earnings or salary in order to arrive at an AWW that reasonably represents the employee's weekly earning capacity (§102(4)(D)). WCB 2 (6/11)

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Factory</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Bruce</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">7/25/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20.							
WK	WEEK ENDING	GROSS EARNINGS	WK			WK	
1	8/7/04	420.00	19	12/11/04	468.00	37	4/16/05
2	8/14/04	400.00	20	12/18/04	492.00	38	4/23/05
3	8/21/04	352.00	21	12/25/04	500.00	39	4/30/05
4	8/28/04	468.00	22	1/1/05	488.00	40	5/7/05
5	9/4/04	500.00	23	1/8/05	500.00	41	5/14/05
6	9/11/04	325.00	24	1/15/05	472.00	42	5/21/05
7	9/18/04	250.00	25	1/22/05	468.00	43	5/28/05
8	9/25/04	600.00	26	1/29/05	300.00	44	6/4/05
9	10/2/04	425.00	27	2/5/05	350.00	45	6/11/05
10	10/9/04	390.00	28	2/12/05	375.00	46	6/18/05
11	10/16/04	350.00	29	2/19/05	590.00	47	6/25/05
12	10/23/04	425.00	30	2/26/05	425.00	48	7/2/05
13	10/30/04	400.00	31	3/5/05	400.00	49	7/9/05
14	11/06/04	600.00	32	3/12/05	350.00	50	7/16/05
15	11/13/04	525.00	33	3/19/05	400.00	51	7/23/05
16	11/20/04	500.00	34	3/26/05	425.00	52	7/30/05
17	11/27/04	550.00	35	4/2/05	325.00	21. TOTAL EARNINGS \$ 22,848.00	
18	12/4/04	600.00	36	4/9/05	600.00	22. GROSS AVERAGE WEEKLY WAGE \$ 446.04	

AWW calculation explanation: This employee's weekly earnings generally varied, so §102(4)(A) cannot be used. The week ending 7/30/05 includes the date of injury and reduces the AWW, so it should be excluded. The remainder (\$22,748.00) should then be divided by 51 weeks (§102(4)(B)).

WCB 2 (6/11)

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Office</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Barbara</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">7/26/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				
20.								
WK 1	WEEK ENDING	GROSS EARNINGS	WK 19			WK 37	4/16/05	450.00
2			20	12/18/04	250.00	38	4/23/05	450.00
3			21	12/25/04	450.00	39	4/30/05	450.00
4			22	1/1/05	450.00	40	5/7/05	450.00
5			23	1/8/05	450.00	41	5/14/05	450.00
6			24	1/15/05	450.00	42	5/21/05	450.00
7			25	1/22/05	450.00	43	5/28/05	450.00
8			26	1/29/05	450.00	44	6/4/05	450.00
9			27	2/5/05	450.00	45	6/11/05	450.00
10			28	2/12/05	450.00	46	6/18/05	450.00
11			29	2/19/05	450.00	47	6/25/05	450.00
12			30	2/26/05	450.00	48	7/2/05	450.00
13			31	3/5/05	450.00	49	7/9/05	450.00
14			32	3/12/05	450.00	50	7/16/05	450.00
15			33	3/19/05	450.00	51	7/23/05	450.00
16			34	3/26/05	450.00	52	7/30/05	300.00
17			35	4/2/05	450.00	21. TOTAL EARNINGS \$ 14,500.00		
18			36	4/9/05	450.00	22. GROSS AVERAGE WEEKLY WAGE \$ 450.00		

AWW calculation explanation: It appears that this employee did not work at least 200 full workdays during the preceding year, so §102(4)(A) cannot be used. The week ending 12/18/04 includes the week of hire, and the week ending 7/30/05 includes the date of injury. Both of the aforementioned weeks reduce the AWW, and should therefore be excluded. The remainder (\$13,950.00) should then be divided by 31 weeks (§102(4)(B)).

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Factory</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Brenda</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">7/28/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20.							
WK	WEEK ENDING	GROSS EARNINGS	WK			WK	
1	8/7/04	420.00	19	12/11/04	468.00	37	4/16/05
2	8/14/04	400.00	20	12/18/04	492.00	38	4/23/05
3	8/21/04	0.00	21	12/25/04	500.00	39	4/30/05
4	8/28/04	468.00	22	1/1/05	0.00	40	5/7/05
5	9/4/04	500.00	23	1/8/05	500.00	41	5/14/05
6	9/11/04	325.00	24	1/15/05	472.00	42	5/21/05
7	9/18/04	250.00	25	1/22/05	468.00	43	5/28/05
8	9/25/04	600.00	26	1/29/05	300.00	44	6/4/05
9	10/2/04	425.00	27	2/5/05	350.00	45	6/11/05
10	10/9/04	390.00	28	2/12/05	375.00	46	6/18/05
11	10/16/04	350.00	29	2/19/05	0.00	47	6/25/05
12	10/23/04	425.00	30	2/26/05	425.00	48	7/2/05
13	10/30/04	400.00	31	3/5/05	400.00	49	7/9/05
14	11/06/04	600.00	32	3/12/05	350.00	50	7/16/05
15	11/13/04	525.00	33	3/19/05	400.00	51	7/23/05
16	11/20/04	500.00	34	3/26/05	425.00	52	7/30/05
17	11/27/04	550.00	35	4/2/05	325.00	21. TOTAL EARNINGS \$ 21,668.00	
18	12/4/04	600.00	36	4/9/05	600.00	22. GROSS AVERAGE WEEKLY WAGE \$ 451.42	

AWW calculation explanation: This employee's weekly earnings generally varied, so §102(4)(A) cannot be used. There were no earnings during the weeks ending 8/21/04, 1/1/05, 2/19/05 and 7/16/05, so those weeks should be excluded, and the Total Earnings should be divided by 48 weeks (§102(4)(B)).

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center; font-size: 1.2em;">Summer Camp</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center; font-size: 1.2em;">Carl</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center; font-size: 1.2em;">8/16/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20.							
WK	WEEK ENDING	GROSS EARNINGS	WK			WK	
1			19			37	
2			20			38	
3			21			39	
4			22			40	
5			23			41	
6			24			42	
7			25			43	
8			26			44	6/18/05 400.00
9			27			45	6/25/05 400.00
10			28			46	7/2/05 400.00
11			29			47	7/9/05 400.00
12			30			48	7/16/05 400.00
13			31			49	7/23/05 400.00
14			32			50	7/30/05 400.00
15			33			51	8/6/05 400.00
16			34			52	8/13/05 400.00
17			35				8/20/05 400.00
18			36			21. TOTAL EARNINGS \$ 4,000.00	
						22. GROSS AVERAGE WEEKLY WAGE \$ Unknown	

AWW calculation explanation: Summer camps are seasonal employment (§102(4)(C)). Therefore, all wages, earnings or salary for the prior calendar year must be obtained and then be divided by 52 weeks. (The wages listed above are for the current calendar year.)

WCB 2 (6/11)

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center; font-size: 1.2em;">School</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center; font-size: 1.2em;">Barney</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center; font-size: 1.2em;">9/26/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER.	YES <input type="checkbox"/> NO <input type="checkbox"/>	19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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20.								
WK	WEEK ENDING	GROSS EARNINGS	WK			WK		
1	10/9/04	750.00	19	2/12/05	750.00	37	6/18/05	750.00
2	10/16/04	750.00	20	2/19/05	750.00	38	6/25/05	0.00
3	10/23/04	750.00	21	2/26/05	750.00	39	7/2/05	0.00
4	10/30/04	750.00	22	3/5/05	750.00	40	7/9/05	0.00
5	11/6/04	750.00	23	3/12/05	750.00	41	7/16/05	0.00
6	11/13/04	750.00	24	3/19/05	750.00	42	7/23/05	0.00
7	11/20/04	750.00	25	3/26/05	750.00	43	7/30/05	0.00
8	11/27/04	750.00	26	4/2/05	750.00	44	8/6/05	0.00
9	12/4/04	750.00	27	4/9/05	750.00	45	8/13/05	0.00
10	12/11/04	750.00	28	4/16/05	750.00	46	8/20/05	0.00
11	12/18/04	750.00	29	4/23/05	750.00	47	8/27/05	0.00
12	12/25/04	750.00	30	4/30/05	750.00	48	9/3/05	800.00
13	1/1/05	750.00	31	5/7/05	750.00	49	9/10/05	800.00
14	1/8/05	750.00	32	5/14/05	750.00	50	9/17/05	800.00
15	1/15/05	750.00	33	5/21/05	750.00	51	9/24/05	800.00
16	1/22/05	750.00	34	5/28/05	750.00	52	10/1/05	800.00
17	1/29/05	750.00	35	6/4/05	750.00	21. TOTAL EARNINGS \$ 31,750.00		
18	2/5/05	750.00	36	6/11/05	750.00	22. GROSS AVERAGE WEEKLY WAGE \$ 755.95		

AWW calculation explanation: Most teachers and other school personnel do not work at least 200 full workdays during a calendar year. Therefore, §102(4)(A) cannot be used in those situations. Based on the actual circumstances of the employment, §102(4)(B) might produce a fair and reasonable AWW (Total Earnings divided by 42 weeks = \$755.95.) If it does not, comparable employees' wages must be obtained and reviewed along with this employee's previous wages, earnings or salary in order to arrive at a fair and reasonable AWW (§102(4)(D)). [§102(4)(C) cannot be used because schools are not seasonal employers.]

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Office</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Alice</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	
				14. ZIP:	
				15. HOME PHONE:	
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">10/7/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20.							
WK	WEEK ENDING	GROSS EARNINGS	WK			WK	
1	10/16/04	600.00	19	2/19/05	600.00	37	6/25/05
2	10/23/04	600.00	20	2/26/05	600.00	38	7/2/05
3	10/30/04	600.00	21	3/5/05	600.00	39	7/9/05
4	11/6/04	600.00	22	3/12/05	600.00	40	7/16/05
5	11/13/04	600.00	23	3/19/05	600.00	41	7/23/05
6	11/20/04	600.00	24	3/26/05	600.00	42	7/30/05
7	11/27/04	600.00	25	4/2/05	650.00	43	8/6/05
8	12/4/04	600.00	26	4/9/05	650.00	44	8/13/05
9	12/11/04	600.00	27	4/16/05	650.00	45	8/20/05
10	12/18/04	600.00	28	4/23/05	650.00	46	8/27/05
11	12/25/04	800.00	29	4/30/05	650.00	47	9/3/05
12	1/1/05	600.00	30	5/7/05	650.00	48	9/10/05
13	1/8/05	600.00	31	5/14/05	650.00	49	9/17/05
14	1/15/05	600.00	32	5/21/05	650.00	50	9/24/05
15	1/22/05	600.00	33	5/28/05	650.00	51	10/1/05
16	1/29/05	600.00	34	6/4/05	650.00	52	10/8/05
17	2/5/05	600.00	35	6/11/05	650.00	21. TOTAL EARNINGS \$ 32,800.00	
18	2/12/05	600.00	36	6/18/05	650.00	22. GROSS AVERAGE WEEKLY WAGE \$ 650.00	

AWW calculation explanation: The employee's wages did not generally vary from week to week, so the "average weekly wages, earnings or salary" for a regular full working week at the time of injury, as defined by §102(4)(A), was \$650.00.

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Sales</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Brian</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">11/3/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20.							
WK		GROSS EARNINGS	WK			WK	
1	11/13/04	500.00	19	3/19/05	900.00	37	7/23/05
2	11/20/04	600.00	20	3/26/05	775.00	38	7/30/05
3	11/27/04	400.00	21	4/2/05	700.00	39	8/6/05
4	12/4/04	700.00	22	4/9/05	950.00	40	8/13/05
5	12/11/04	875.00	23	4/16/05	900.00	41	8/20/05
6	12/18/04	825.00	24	4/23/05	675.00	42	8/27/05
7	12/25/04	775.00	25	4/30/05	725.00	43	9/3/05
8	1/1/05	800.00	26	5/7/05	700.00	44	9/10/05
9	1/8/05	700.00	27	5/14/05	800.00	45	9/17/05
10	1/15/05	825.00	28	5/21/05	900.00	46	9/24/05
11	1/22/05	750.00	29	5/28/05	850.00	47	10/1/05
12	1/29/05	900.00	30	6/4/05	900.00	48	10/8/05
13	2/5/05	950.00	31	6/11/05	1000.00	49	10/15/05
14	2/12/05	875.00	32	6/18/05	800.00	50	10/22/05
15	2/19/05	950.00	33	6/25/05	925.00	51	10/29/05
16	2/26/05	700.00	34	7/2/05	850.00	52	11/5/05
17	3/5/05	800.00	35	7/9/05	750.00	21. TOTAL EARNINGS \$ 41,705.00	
18	3/12/05	800.00	36	7/16/05	770.00	22. GROSS AVERAGE WEEKLY WAGE \$ 805.98	

AWW calculation explanation: This employee's semi-monthly earnings generally varied, so §102(4)(A) cannot be used. The week ending 11/5/05 includes the date of injury and reduces the AWW, so it should be excluded. The remainder (\$41,105.00) should then be divided by 51 weeks (§102(4)(B)).

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Office</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Adam</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	
				14. ZIP:	
				15. HOME PHONE:	
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">11/9/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				
20.								
WK 1	WEEK ENDING 11/20/04	GROSS EARNINGS 550.00	WK 19	3/26/05	550.00	WK 37	7/30/05	600.00
2	11/27/04	550.00	20	4/2/05	550.00	38	8/6/05	600.00
3	12/4/04	550.00	21	4/9/05	550.00	39	8/13/05	600.00
4	12/11/04	550.00	22	4/16/05	550.00	40	8/20/05	600.00
5	12/18/04	550.00	23	4/23/05	550.00	41	8/27/05	600.00
6	12/25/04	550.00	24	4/30/05	550.00	42	9/3/05	575.00
7	1/1/05	650.00	25	5/7/05	550.00	43	9/10/05	600.00
8	1/8/05	550.00	26	5/14/05	600.00	44	9/17/05	600.00
9	1/15/05	550.00	27	5/21/05	600.00	45	9/24/05	600.00
10	1/22/05	550.00	28	5/28/05	600.00	46	10/1/05	600.00
11	1/29/05	550.00	29	6/4/05	600.00	47	10/8/05	600.00
12	2/5/05	550.00	30	6/11/05	600.00	48	10/15/05	600.00
13	2/12/05	550.00	31	6/18/05	600.00	49	10/22/05	600.00
14	2/19/05	550.00	32	6/25/05	800.00	50	10/29/05	650.00
15	2/26/05	550.00	33	7/2/05	600.00	51	11/5/05	650.00
16	3/5/05	550.00	34	7/9/05	600.00	52	11/12/05	130.00
17	3/12/05	550.00	35	7/16/05	600.00	21. TOTAL EARNINGS \$ 29,855.00		
18	3/19/05	550.00	36	7/23/05	600.00	22. GROSS AVERAGE WEEKLY WAGE \$ 650.00		

AWW calculation explanation: The employee's wages did not generally vary from week to week, so the "average weekly wages, earnings or salary" for a regular full working week at the time of injury, as defined by §102(4)(A), was \$650.00.

WCB 2 (6/11)

WAGE STATEMENT
STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER		7. WCB FILE NUMBER:	
2. EMPLOYER NAME: <div style="text-align: center;">Temp Agency</div>		8. EMPLOYEE LAST NAME:		9. FIRST NAME: <div style="text-align: center;">Bill</div>	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:		12. CITY:		13. STATE:	
				14. ZIP:	
				15. HOME PHONE:	
5. INSURER MAILING ADDRESS:		16. DATE OF INJURY: <div style="text-align: center;">11/10/05</div>		17. DESCRIPTION OF INJURY:	

18. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, THE EMPLOYER SHALL SUBMIT A WAGE STATEMENT FROM EACH ADDITIONAL EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/>				19. DOES EMPLOYEE RECEIVE FRINGE BENEFITS THAT MAY STOP WHILE ON WORKERS' COMPENSATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				
20.								
WK 1	WEEK ENDING 11/20/04	GROSS EARNINGS 600.00	WK 19	3/26/05	0.00	WK 37	7/30/05	0.00
2	11/27/04	600.00	20	4/2/05	0.00	38	8/6/05	500.00
3	12/4/04	500.00	21	4/9/05	0.00	39	8/13/05	900.00
4	12/11/04	600.00	22	4/16/05	200.00	40	8/20/05	900.00
5	12/18/04	500.00	23	4/23/05	400.00	41	8/27/05	850.00
6	12/25/04	550.00	24	4/30/05	600.00	42	9/3/05	825.00
7	1/1/05	625.00	25	5/7/05	600.00	43	9/10/05	850.00
8	1/8/05	0.00	26	5/14/05	600.00	44	9/17/05	800.00
9	1/15/05	0.00	27	5/21/05	600.00	45	9/24/05	750.00
10	1/22/05	0.00	28	5/28/05	600.00	46	10/1/05	900.00
11	1/29/05	0.00	29	6/4/05	200.00	47	10/8/05	450.00
12	2/5/05	300.00	30	6/11/05	0.00	48	10/15/05	500.00
13	2/12/05	800.00	31	6/18/05	0.00	49	10/22/05	0.00
14	2/19/05	800.00	32	6/25/05	0.00	50	10/29/05	0.00
15	2/26/05	750.00	33	7/2/05	0.00	51	11/5/05	200.00
16	3/5/05	750.00	34	7/9/05	0.00	52	11/12/05	450.00
17	3/12/05	800.00	35	7/16/05	0.00	21. TOTAL EARNINGS \$ 21,350.00		
18	3/19/05	500.00	36	7/23/05	0.00	22. GROSS AVERAGE WEEKLY WAGE \$ 614.71		

AWW calculation explanation: This employee's weekly earnings generally varied, so §102(4)(A) cannot be used. There were no earnings during the weeks ending 1/8/05, 1/15/05, 1/22/05, 1/29/05, 3/26/05, 4/2/05, 4/9/05, 6/11/05, 6/18/05, 6/25/05, 7/2/05, 7/9/05, 7/16/05, 7/23/05, 7/30/05, 10/22/05 and 10/29/05, so those weeks must be excluded. The week ending 11/12/05 includes the date of injury and reduces the AWW, so it too should be excluded, and the remainder (\$20,900.00) should be divided by 34 weeks (§102(4)(B)). [If, based on the actual circumstances of the employment, §102(4)(B) does not produce a fair and reasonable AWW, comparable employees' wages must be obtained and reviewed along with this employee's previous wages, earnings or salary in order to arrive at a fair and reasonable AWW (§102(4)(D)). §102(4)(C) cannot be used because temp agencies are not seasonal employers.]

APPENDIX F

ADDITIONAL NOC INFORMATION

Full Denial Reason Codes (DN198)		
1	No Compensable Accident	
	A	Coming and Going
	B	Horseplay
	C	Willful Intent to Injure Oneself
	D	Does Not Meet Statutory Definition of Accident
	E	Deviation From Employment
	F	Recreational/Social Activity
	G	Traveling Employee
	H	Subsequent Intervening Accident
2	No Causal Relationship	
	A	Idiopathic Condition
	B	Pre-existing Condition
	C	Stress Non-Work Related
	D	No Medical Evidence of Injury
	E	No Injury Per Statutory Definition
	F	Accident Not Major Contributing Cause of Injury
3	No Coverage	
	A	No Employer/Employee Relationship
	B	Independent Contractor
	C	Does Not Meet Statutory Definition of Employee
	D	No Jurisdiction
	E	No Policy in Effect on the Date of Accident
	F	Statute of Limitation Expired
	G	Statutory Exemptions (Sole Proprietor, Corporate Officer, etc.)
	H	Elected Other Coverage (24 hour, Collective Bargaining, Opted Out)
4	Substance Abuse	
	A	Injury Primarily Occasioned by Intoxication or Use of Any Drug
5	Other (Not Elsewhere Classified)	
	A	Failure to Report Accident Timely
	C	Misrepresentation

Partial Denial Reason Codes (DN294)	
A	Denying Indemnity in Whole, not Medical
B	Denying Indemnity in Part, not Medical
C	Denying Medical in Whole, Not Indemnity
D	Denying Medical in Part, Not Indemnity
E	Denying Indemnity in Whole, Medical in Part
F	Denying Medical in Whole, Indemnity in Part
G	Denying Both Indemnity & Medical in Part

FULL DENIAL OF A MEDICAL ONLY CLAIM

NOTICE OF CONTROVERSY

THIS IS A DENIAL OF YOUR BENEFITS

(Note: the DN Numbers represent a crosswalk to the IAIABC Claims Release 3 EDI data elements.)

1. WCB FILE# (if known):
DN5

EMPLOYEE					
2. EMPLOYEE LAST NAME: DN43	3. FIRST NAME: DN44	4. MI: DN45	5. EMPLOYEE ID TYPE: DN270 # DN(42/152/153/154/156)		
6. STREET/P.O. BOX MAILING ADDRESS: NA – DN46 (will print all NA boxes with data from FROI)	7. CITY: NA – DN48	8. STATE: NA – DN49	9. ZIP: NA – DN50	10. HOME PHONE#: NA - 51	
11. DATE OF INJURY: DN31 ____/____/____	12. SPECIFIC INJURY OR ILLNESS: NA-DN35		13. BODY PART(S) AFFECTED: NA – DN36		
EMPLOYER					
14. INSURER CLAIM ADMIN FILE#: DN15	15. EMPLOYER NAME: NA – DN18		16. EMPLOYER MAILING ADDRESS AND PHONE: NA – DN168, 165, 170, 167, and 159		
17. INSURER CLAIM ADMIN NAME AND ADDRESS: DN188, NA-DN10, 12, 13, and 14			18. INSURER CLAIM ADMIN FEIN: DN187		
19. NOTICE TO EMPLOYEE YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW. IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.					
19a. FULL DENIAL REASON DN198 Values (Enter no more than five): 1 (A,B,C,D,E,F,G or H) 2 (A,B,C,D,E or F) 3 (A,B,C,D,E,F,G, or H) 4 (A) 5 (A or C) FULL DENIAL EFFECTIVE DATE DN199 ____/____/____			19b. PARTIAL DENIAL REASON 20a. DATE OF INITIAL INCAPACITY ____/____/____ CURRENT DATE OF INCAPACITY ____/____/____ 20b. DATE EMPLOYER NOTIFIED ____/____/____		
*NOTE: Reasons identified in boxes 19a or 19b will not preclude a party from raising additional issues at a later date.					
21. COMMENTS: DN197(Enter narrative)					
22. IF THIS DENIAL NOTICE IS NOT TIMELY PURSUANT TO RULE 1.1, the employee must be paid total benefits, with credit for earnings and other statutory offsets, from the date of incapacity in accordance with 39A M.R.S.A. § 205(2) and in compliance with 39A M.R.S.A. § 204. The requirement for payment of benefits under this subsection automatically ceases upon the filing of a Notice of Controversy and the payment of any accrued benefits under Rule 1.1 requires filing of a Memorandum of Payment.					
ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES					
AUGUSTA 24 STONE ST SUITE 2 AUGUSTA, ME 043365220 (207)2872308 (Voice) 1-800-400-6854 (Voice) TTY 1-877-832-5525		BANGOR 106 HOGAN ROAD BANGOR, ME 044045638 (207)941-4550 1-800-400-6856		CARIBOU 43 HATCH DRIVE SUITE 110 CARIBOU, ME 047362347 (207)4986428 1-800-400-6855	
		LEWISTON 36 MOLLISON WAY LEWISTON, ME 042465811 (207)53-7700 1-800-400-6857		PORTLAND 62 ELM ST. PORTLAND, ME 04101-3061 (207)8220840 1-800-400-6858	
23. NAME (TYPE OR PRINT): DN140		24. TELEPHONE #: () DN137		25. DATE SENT TO WCB: ____ DN100 ____/____/____	
E-MAIL ADDRESS: DN138				26. DATE RCVD AT THE WCB (WCB use only) ____/____/____	

WCB-9 (1/12/06) The State of Maine does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities. This form is available in alternative format. For further assistance, contact the Maine Workers' Compensation Board, ADA Coordinator, telephone 800-801-9087 or TTY (877) 832-5525.

DISTRIBUTION: COPY (1) EMPLOYEE (2) EMPLOYER

FULL DENIAL OF A LOST TIME CLAIM

NOTICE OF CONTROVERSY THIS IS A DENIAL OF YOUR BENEFITS (Note: the DN Numbers represent a crosswalk to the IAIABC Claims Release 3 EDI data elements.)					1. WCB FILE # (if known): DN5									
EMPLOYEE														
2. EMPLOYEE LAST NAME: DN43		3. FIRST NAME: DN44		4. MI: DN45		5. EMPLOYEE ID : DN(42/152/153/154/156)								
6. STREET/P.O. BOX MAILING ADDRESS: NA – DN46 <small>(will print all NA boxes with data from FROI)</small>		7. CITY: NA – DN48		8. STATE: NA – DN49		9. ZIP: NA – DN50								
11. DATE OF INJURY: DN31 ____/____/____		12. SPECIFIC INJURY OR ILLNESS: NA-DN35			13. BODY PART(S) AFFECTED: NA – DN36									
EMPLOYER														
14. INSURER / CLAIM ADMIN FILE #: DN15		15. EMPLOYER NAME: NA – DN18		16. EMPLOYER MAILING ADDRESS AND PHONE #: NA – DN168, 165, 170, 167, and 159										
17. INSURER / CLAIM ADMIN NAME AND ADDRESS: DN188, NA – DN10, 12, 13, and 14				18. INSURER / CLAIM ADMIN FEIN: DN187										
NOTICE TO EMPLOYEE YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW. IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.														
19a. FULL DENIAL REASON DN198 Values (Enter no more than five): 1 (A,B,C,D,E,F,G or H) 2 (A,B,C,D,E or F) 3 (A,B,C,D,E,F,G,or H) 4 (A) 5 (A or C) FULL DENIAL EFFECTIVE DATE ____ / DN199 / ____ <small>(NOTE: Reasons identified in boxes 19a or 19b will not preclude a party from raising additional issues at a later date.)</small>				19b. PARTIAL DENIAL REASON 20a. DATE OF INITIAL INCAPACITY ____ / DN56 / ____ CURRENT DATE OF INCAPACITY ____ / ____ / ____ 20b. DATE EMPLOYER NOTIFIED ____ / DN281 / ____										
21. COMMENTS: <div style="text-align: center; color: blue;">DN197 (Enter narrative)</div>														
22. IF THIS DENIAL NOTICE IS NOT TIMELY PURSUANT TO RULE 1.1, the employee must be paid total benefits, with credit for earnings and other statutory offsets, from the date of incapacity in accordance with 39 -A.M.R.S.A. § 205(2) and in compliance with 39 -A.M.R.S.A. § 204. The requirement for payment of benefits under this subsection automatically ceases upon the filing of a Notice of Controversy and the payment of any accrued benefits. Payment under Rule 1.1 requires filing of a Memorandum of Payment.														
ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES														
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> AUGUSTA 24 STONE ST. SUITE 2 AUGUSTA, ME 04330 -5220 (207)287 -2308 (Voice) 1-800-400-6854 (Voice) TTY 1-877-832-5525 </td> <td style="width: 25%; vertical-align: top;"> BANGOR 106 HOGAN ROAD BANGOR, ME 04401 -5638 (207)941 -4550 1-800-400-6856 </td> <td style="width: 25%; vertical-align: top;"> CARIBOU 43 HATCH DRIVE SUITE 110 CARIBOU, ME 04736 -2347 (207)498 -6428 1-800-400-6855 </td> <td style="width: 25%; vertical-align: top;"> LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240 -5811 (207)753 -7700 1-800-400-6857 </td> </tr> <tr> <td style="width: 25%; vertical-align: top;"> PORTLAND 62 ELM ST. PORTLAND, ME 04101 -3061 (207)822 -0840 1-800-400-6858 </td> <td colspan="3"></td> </tr> </table>							AUGUSTA 24 STONE ST. SUITE 2 AUGUSTA, ME 04330 -5220 (207)287 -2308 (Voice) 1-800-400-6854 (Voice) TTY 1-877-832-5525	BANGOR 106 HOGAN ROAD BANGOR, ME 04401 -5638 (207)941 -4550 1-800-400-6856	CARIBOU 43 HATCH DRIVE SUITE 110 CARIBOU, ME 04736 -2347 (207)498 -6428 1-800-400-6855	LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240 -5811 (207)753 -7700 1-800-400-6857	PORTLAND 62 ELM ST. PORTLAND, ME 04101 -3061 (207)822 -0840 1-800-400-6858			
AUGUSTA 24 STONE ST. SUITE 2 AUGUSTA, ME 04330 -5220 (207)287 -2308 (Voice) 1-800-400-6854 (Voice) TTY 1-877-832-5525	BANGOR 106 HOGAN ROAD BANGOR, ME 04401 -5638 (207)941 -4550 1-800-400-6856	CARIBOU 43 HATCH DRIVE SUITE 110 CARIBOU, ME 04736 -2347 (207)498 -6428 1-800-400-6855	LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240 -5811 (207)753 -7700 1-800-400-6857											
PORTLAND 62 ELM ST. PORTLAND, ME 04101 -3061 (207)822 -0840 1-800-400-6858														
23. NAME (TYPE OR PRINT): DN140		24. TELEPHONE #: () DN137		25. DATE SENT TO WCB: ____/ DN100 / ____										
E-MAIL ADDRESS: DN138				26. DATE RCVD AT THE WCB (WCB use only) : ____/____/____										

WCB -9 (1/12/06) The State of Maine does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities. This form is available in alternative format. For further assistance, contact the Maine Workers' Compensation Board, ADA Coordinator, telephone: 1-888-801-9087 or TTY (877) 832-5525.
 DISTRIBUTION: COPY (1) EMPLOYEE, (2) EMPLOYER

PARTIAL DENIAL OF INITIAL INCAPACITY

NOTICE OF CONTROVERSY THIS IS A DENIAL OF YOUR BENEFITS (Note: the DN Numbers represent a crosswalk to the IAABC Claims Release 3 EDI data elements.)					1. WCB FILE# (if known): DN5	
EMPLOYEE						
2. EMPLOYEE LAST NAME: DN43		3. FIRST NAME: DN44		4. MI: DN45	5. EMPLOYEE ID TYPE DN270 # DN(42/152/153/154/156)	
6. STREET/P.O. BOX MAILING ADDRESS: NA – DN46 (will print all NA boxes with data from FROI)		7. CITY: NA – DN48		8. STATE: NA – DN49	9. ZIP: NA – DN50	10. HOME PHONE#: NA – 51
11. DATE OF INJURY: DN31 / /		12. SPECIFIC INJURY OR ILLNESS: NA-DN35			13. BODY PART(S) AFFECTED: NA – DN36	
EMPLOYER						
14. INSURER/CLAIMADMIN FILE#: DN15		15. EMPLOYER NAME: NA – DN18		16. EMPLOYER MAILING ADDRESS AND PHONE: NA – DN168, 165, 170, 167, and 159		
17. INSURER/CLAIMADMIN NAME AND ADDRESS: DN188, NA-DN10, 12, 13, and 14				18. INSURER/CLAIMADMIN FEIN: DN187		
19. NOTICE TO EMPLOYEE YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW. IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.						
19a. FULL DENIAL REASON FULL DENIAL EFFECTIVE DATE / / *NOTE: Reasons identified in boxes 19a or 19b will not preclude a party from raising additional issues at a later date.				19b. PARTIAL DENIAL REASON DN294 Values = A,B,E,F or G 20a. DATE OF INITIAL INCAPACITY DN56 / / CURRENT DATE OF INCAPACITY / / 20b. DATE EMPLOYER NOTIFIED DN281 / /		
21. COMMENTS: DN197(Enter narrative)						
22. IF THIS DENIAL NOTICE IS NOT TIMELY PURSUANT TO RULE 1.1: The employee must be paid total benefits, with credit for earnings and other statutory offsets, from the date of incapacity in accordance with 39 M.R.S.A. § 205(2) and in compliance with 39 M.R.S.A. § 204. The requirement for payment of benefits under this subsection automatically ceases upon the filing of a Notice of Controversy and the payment of accrued benefits. Payment under Rule 1.1 requires filing of a Memorandum of Payment.						
ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES						
AUGUSTA 24 STONE STREET SUITE 2 AUGUSTA, ME 04330-2220 (207) 822-3088 (Voice) 1-800-400-6854 (Voice) TTY 1-877-832-5525		BANGOR 106 HOGAN ROAD BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856		CARIBOU 43 HATCH DRIVE SUITE 110 CARIBOU, ME 04730-2347 (207) 498-4288 1800-400-6855		LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240-5811 (207) 833-7700 1800-400-6857
23. NAME (TYPE OR PRINT): DN140		24. TELEPHONE #: () DN137		25. DATE SENT TO WCB: DN100 / /		
E-MAIL ADDRESS: DN138		26. DATE RCVD AT THE WCB (WCB use only) / /				

WCB-9 (1/12/06) The State of Maine does not discriminate on the basis of disability in admission to, access or operation of its programs, services, or activities. This form is available in alternative format. For further assistance, contact the Maine Workers' Compensation Board, ADA Coordinator, telephone (888) 801-9087 or TTY (877) 832-5525.

DISTRIBUTION COPY (1) EMPLOYEE, (2) EMPLOYER

(Note: the DN Numbers represent a crosswalk to the IAIABC Claims Release 3 EDI data elements.)

DN5

WCB9 (11206) The State of Maine does not discriminate on the basis of disability in admission to, access, participation in its programs, services, or activities. This form is available in alternative format. For further assistance, contact the Maine Workers' Compensation Board, ADA Coordinator, telephone (207) 624-9087 or TTY (877) 835525.
DISTRIBUTION: COPY 1 EMPLOYEE, 2 EMPLOYER

PARTIAL DENIAL OF SUBSEQUENT INCAPACITY

NOTICE OF CONTROVERSY

THIS IS A DENIAL OF YOUR BENEFITS

(Note: the DN Numbers represent a crosswalk to the IAIABC Claims Release 3 EDI data elements.)

1. WCB FILE# (if known):
DN5**EMPLOYEE**

2. EMPLOYEE LAST NAME: DN43	3. FIRST NAME: DN44	4. MI: DN45	5. EMPLOYEE ID TYPE DN270 # DN(42/152/153/154/156)
6. STREET/P.O. BOX MAILING ADDRESS: NA – DN46 (will print all NA boxes with data from FROI)	7. CITY: NA – DN48	8. STATE: NA – DN49	9. ZIP: NA – DN50
10. HOME PHONE#: NA – 51			
11. DATE OF INJURY: DN31 / /	12. SPECIFIC INJURY OR ILLNESS: NA-DN35	13. BODY PART(S) AFFECTED: NA – DN36	

EMPLOYER

14. INSURER CLAIM ADMIN FILE #: DN15	15. EMPLOYER NAME: NA – DN18	16. EMPLOYER MAILING ADDRESS AND PHONE: NA – DN168, 165, 170, 167, and 159
17. INSURER CLAIM ADMIN NAME AND ADDRESS: DN188, NA – DN10, 12, 13, and 14		18. INSURER CLAIM ADMIN FEIN: DN187

NOTICE TO EMPLOYEE

19. YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW. IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.

19a. FULL DENIAL REASON	19b. PARTIAL DENIAL REASON DN294 Values = A,B,E ,F or G
	20a. DATE OF INITIAL INCAPACITY DN56 / CURRENT DATE OF INCAPACITY DN144 /
	20b. DATE EMPLOYER NOTIFIED DN281 /
FULL DENIAL EFFECTIVE DATE / /	
*NOTE: Reasons identified in boxes 19a or 19b will not preclude a party from raising additional issues at a later date.	

COMMENTS:**DN197 (Enter narrative)**

22. IF THIS DENIAL NOTICE IS NOT TIMELY PURSUANT TO RULE 1.1, the employee must be paid total benefits, with credit for earnings and other statutory offsets from the date of incapacity in accordance with 39A M.R.S.A. § 205(2) and in compliance with 39A M.R.S.A. § 204. The requirement for payment of benefits under this subsection automatically ceases upon the filing of a Notice of Controversy and the payment of any accrued benefits. Payment under Rule 1.1 requires filing of a Memorandum of Payment.

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA 24 STONE ST SUITE 2 AUGUSTA, ME 043365220 (207)2872308 (Voice) 1-800-400-6854 (Voice) TTY 1-877-832-5525	BANGOR 106 HOGAN ROAD BANGOR, ME 044015638 (207)941-4550 1-800-400-6856	CARIBOU 43 HATCH DRIVE SUITE 110 CARIBOU, ME 04733-2347 (207)4986428 1-800-400-6855	LEWISTON 36 MOLLISON WAY LEWISTON, ME 042495811 (207)53-7700 1-800-400-6857	PORTLAND 62 ELM ST. PORTLAND, ME 04101-3061 (207)8220840 1-800-400-6858
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23. NAME (TYPE OR PRINT): DN140	24. TELEPHONE #: () DN137	25. DATE SENT TO WCB: ____ DN100 ____ / ____ / ____
E-MAIL ADDRESS: DN138		26. DATE RCVD AT THE WCB (WCB use only) ____ / ____ / ____

WCB-9 (1/12/06) The State of Maine does not discriminate on the basis of disability in admission to, or operation of its programs, services, or activities. This form is available in alternative format. For further assistance, contact the Maine Workers' Compensation Board, ADA Coordinator, telephone 800-801-9087 or TTY (877) 8325525.
DISTRIBUTION: COPY (1) EMPLOYEE, (2) EMPLOYER

APPENDIX G: SEVEN-DAY WAITING PERIOD

The following methods of calculating the seven-day waiting period are acceptable for purposes of Board audits:

In the case of ongoing total incapacity, the seven-day waiting period is met when the employee is incapacitated for seven calendar days. In the case of partial incapacity, the seven-day waiting period is met when (1) [AWW Method] an employee loses wages because of the injury which cumulatively equal or exceed the employee's pre-injury AWW, or (2) [Comp Rate Method] loses wages because of the injury that would otherwise require the insurer to pay one week of benefits.

In the case of ongoing total incapacity, the seven-day waiting period becomes compensable when the employee is incapacitated for more than 14 calendar days. In the case of partial incapacity, the seven-day waiting period becomes compensable when (1) [AWW Method] an employee loses wages because of the injury which cumulatively exceed two times the employee's pre-injury AWW, or (2) [Comp Rate Method] loses wages because of the injury that would otherwise require the insurer to pay more than two weeks of benefits.

Example: Assume January 1999 date of injury, married/joint with one dependent filing status.

		Weekly Compensation Rate
Pre-Injury AWW	\$650.00	\$417.00
Post-Injury Wage	\$450.00	<u>\$302.52</u>
		\$114.48 Partial Weekly Benefit Rate

AWW Method

	Pre-injury AWW	Post-injury AWW	Lost Earnings	Cumulative Lost Earnings	Weekly Benefits Due
Week 1	\$650.00	\$450.00	\$200.00	\$200.00	
Week 2	\$650.00	\$450.00	\$200.00	\$400.00	
Week 3	\$650.00	\$450.00	\$200.00	\$600.00	
Week 4	\$650.00	\$450.00	\$200.00	\$800.00	\$114.48
Week 5	\$650.00	\$450.00	\$200.00	\$1,000.00	\$114.48
Week 6	\$650.00	\$450.00	\$200.00	\$1,200.00	\$114.48
Week 7	\$650.00	\$450.00	\$200.00	\$1,400.00	\$457.92
Week 8	\$650.00	\$450.00	\$200.00	\$1,600.00	\$114.48
Week 9	\$650.00	\$450.00	\$200.00	\$1,800.00	\$114.48
Week 10	\$650.00	\$450.00	\$200.00	\$2,000.00	\$114.48
Total					\$1,144.80

Comp Rate Method

	Partial Weekly Benefit Rate	Cumulative Partial Weekly Benefit Rate	Weekly Benefits Due
Week 1	\$114.48		
Week 2	\$114.48	\$228.96	
Week 3	\$114.48	\$343.44	
Week 4	\$114.48	\$457.92	\$40.92
Week 5	\$114.48	\$572.40	\$114.48
Week 6	\$114.48	\$686.88	\$114.48
Week 7	\$114.48	\$801.36	\$114.48
Week 8	\$114.48	\$915.84	\$531.48
Week 9	\$114.48	\$1,030.32	\$114.48
Week 10	\$114.48	\$1,144.80	\$114.48
Total		\$1,144.80	\$1,144.80